

Taj Mahal Medical Center
Parking Card Request Form

Date: ____/____/____ Check # _____

Name: _____

Phone #: (____) _____

Company: _____ Suite #: _____

Vehicle License Plate #: _____

Make: _____ Model: _____ Color: _____

Please select from the following options:

Request for new card

Parking Lot or Calle La Plata Street parking? (Circle one)

Request for replacement card* New Card# _____

Old Card# _____

This card needs to be deactivated

Deactivate Card # _____

This is a reassignment. Current Card # _____

Previous cardholder name: _____

After completing form, please bring it to Cynthia or Germain at the parking booth.

ABM Parking Services is available Monday through Friday from 8 am – 5 pm.

*\$25.00 non-refundable processing fee for replacement cards. Payment required at time of card issuance. Please make checks payable to: ABM Parking Services.

For any questions, please call 949.726.2305. Thank you!

Received by: _____ Date: _____