

# Parking Token Return Form



Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

License Plate  
number: \_\_\_\_\_

Number of tokens  
returned: \_\_\_\_\_

Frequency of usage  
(how many times a week): \_\_\_\_\_

Preferred Parking Zone: \_\_\_\_\_

Customer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Village Employee  
Signature: \_\_\_\_\_