



CC PARKING
CUSTOMER INFORMATION CHANGE FORM

OLD INFORMATION (Please PRINT)

(Circle One) CC-Undergrd CC-Main

Customer Number: _____

Customer Name: _____

Street Address: _____

City/State/ZIP: _____

Phone (1st Pref): _____

Phone (2nd Pref): _____

Employer: _____

Email (1st Pref): _____

Email (2nd Pref): _____

Access Card #: _____

Reserve #: _____

1st VEHICLE INFO

Color: _____

Make/Model: _____

Year: _____

Lic. Plate: _____

2nd VEHICLE INFO

Color: _____

Make/Model: _____

Year: _____

Lic. Plate: _____

Pref Pmt Method: _____

Group Name: _____

Completed by: _____

Date: _____

NEW INFORMATION (Please PRINT)

(Circle One) CC-Undergrd CC-Main

Customer Number: _____

Customer Name: _____

Street Address: _____

City/State/ZIP: _____

Phone (1st Pref): _____

Phone (2nd Pref): _____

Employer: _____

Email (1st Pref): _____

Email (2nd Pref): _____

Access Card #: _____

Reserve #: _____

1st VEHICLE INFO

Color: _____

Make/Model: _____

Year: _____

Lic. Plate: _____

2nd VEHICLE INFO

Color: _____

Make/Model: _____

Year: _____

Lic. Plate: _____

Pref Pmt Method: _____

Group Name: _____

ACCESS CARD REPLACEMENT FEE (if applicable):

Payment Type: (circle one) Cash Check Credit Card Other: _____

Updated in Scan Net: _____ (Initial) _____ (Date)
Updated in Customer Database: _____ (Initial) _____ (Date)

E-mail Completed form to
Parking @ Downtown Columbus.com

614-461-4454