THE MUNICIPAL PARKING DEPARTMENT

PARKING VIOLATIONS BUREAU

PARTICIPANT REGISTRATION FORM

The following information MUST be completed in full in order to process enrollment into the

DETROIT FLEET PROGRAM

COMPANY INFORMATION

Company Name: _____

Company Address: _____

_____ (City, State, Zip)

Billing Address: _____
(if different from business)

_____ (City, State, Zip)

Company Phone Number: _____

Company Fax Number: _____

Federal Tax ID No.: _____
(or owner's Social Security Number)

CONTACT INFORMATION

Fleet Account Manager Name: _____

Fleet Account Manager Address: _____

_____ (City, State, Zip)

Fleet Account Manager Phone Number: _____

Fleet Account Manager Fax Number: _____

Fleet Account Manager E-mail: _____

I, who undersigned below, have read and understand the Fleet Program Requirements. Failure to follow to these requirements will result in elimination from the program based on the rules set forth as recorded in attached documentation. I must provide accurate company contact information and updates to the above information within 30 days in order to remain eligible in the **Detroit Fleet Program**. Furthermore, my signature below constitutes receipt and acceptance to the attached **Detroit Fleet Program** documentation and requirements.

_____ Signature

_____ Date

_____ Name/Title

FOR PVB OFFICE USE ONLY

Process Date: _____ By: _____ Assigned Fleet Agency #: _____