

## PARKING/TOLL AGENCY NOTIFICATION OF INTENT (NOI)

All parking/toll agencies must complete and submit a Notification of Intent when applying for a parking/toll requester code number or when changing, terminating or changing name or contact information for a service center.

### SECTION A: TYPE OF APPLICATION

- Current Parking/Toll Issuing Agency.** Please provide existing parking/toll code number: \_\_\_\_\_
- New Parking/Toll Issuing Agency** - Parking/Toll requester codes for new agencies will be assigned by DMV upon receipt and approval of Government Requester Account Application (INF 1130) and the Notification of Intent. You will receive written confirmation of your approval along with your parking/toll requester code number and start date for sending the DMV delinquent parking/toll violations: \_\_\_\_\_

### SECTION B: PARKING/TOLL ISSUING AGENCY INFORMATION

NAME OF PARKING/TOLL ISSUING AGENCY \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ TELEPHONE NUMBER (FOR DMV/AGENCY USE ONLY) \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

ADDRESS TO SEND REVENUE CHECK \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

### SECTION C: PUBLIC CONTACT INFORMATION

PROVIDE TELEPHONE NUMBER/CONTACT INFORMATION WHERE PUBLIC CAN CALL TO OBTAIN OR CONTEST ABSTRACT/CITATION

## **IMPORTANT**

**IF YOU ARE USING A DATA PROCESSING AGENT/SERVICE CENTER TO PROCESS YOUR PARKING/TOLL VIOLATIONS, YOU MUST COMPLETE SECTION D BELOW**

### SECTION D: AUTHORIZED DATA PROCESSING AGENT/SERVICE CENTER INFORMATION

NAME OF PARKING/TOLL AGENT/SERVICE CENTER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ TELEPHONE NUMBER (FOR DMV/AGENCY USE ONLY) \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

### SECTION E: CERTIFICATION

*I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I further certify that measures have been instituted to ensure that each request for information from the Department of Motor Vehicles' records is accessed and used pursuant to applicable state and federal statutes and regulations.*

SIGNATURE OF AUTHORIZED PARKING/TOLL ISSUING AGENCY EMPLOYEE \_\_\_\_\_

PRINTED NAME AND TITLE OF AUTHORIZED PARKING/TOLL ISSUING AGENCY EMPLOYEE \_\_\_\_\_

*Mail this form to:*

**Department of Motor Vehicles  
Justice and Government Liaison - MS H171  
P. O. Box 932345  
Sacramento, CA 94232-3450**

**Telephone: (916) 657-7732    FAX (916) 657-9022**