Residential Parking Permit

Application Form

Permit Parking Area:		Date:		
Type of Permit: (Please	se indicate the type	of permit you are app	olying for)	
□ New □ Re	newal			
☐ Residential		Number of Permits		
☐ Residential (senior citizen)			Number of Permits	
☐ Business (owner auto)		Number of Permits		
☐ Business (employee)		Number of Permits		
☐ Business (commercial vehicle)		Number of Permits		
☐ Visitor (1 day)			Number of Permits	
☐ Visitor (14 day)			Number of Permits	
☐ Neighborhood-Serving Establishment			Number of Permits	
C				
Name:			20111 7 22 1	
	Last	First	Middle Initial	
Business Name:		Title of the Pe	erson Applying	
(For business related pe	rmits only)			
Address:				
	City	State	Zip	
		2	r	
Phone:				
	Home	Busine	ess	
Drivers License #:				
Differs License #.				
License Plate #(s): (1)_	(2)			
(Not needed for Visitor				
Applicants Signature:				
	The above-signed of	declares under the pe	nalty of law that the information	
		plication is correct.	-	

Permit Eligibility

Proof of Residency:	Attach box. Dri Cur Uti	One of the following documents is required for proof of residency. Attach a copy of the original to the application. Please check appropriate box. Driver's License Current Rent Receipt Utility Bill Other			
Proof of Vehicle Own	ership:	One of the following documents is required for proof of vehicle ownership. Attach a copy of the original to the application. Please check appropriate box. Vehicle Registration Certificate of Vehicle Lease Other			
Total Fee Submitted:	\$				