



2019 APPLICATION FOR PARKING PERMIT(S)



Name: _____

Address: _____

City: _____

Phone: _____

E-Mail: _____

NEW RENEWAL IN-HOME SERVICE PROVIDER

PLEASE PRINT LEGIBLY.

DISTRICT NO.

CALIFORNIA LICENSED DRIVERS AT THE RESIDENCE ABOVE:			
NAME	DR. LIC. NO.	NAME	DR. LIC. NO.
1. _____	_____	3. _____	_____
2. _____	_____	4. _____	_____

If a 3rd and 4th licensed drivers reside at above address, the fee for a 3rd and 4th permit is \$100 and \$150, respectively.

All vehicles must be registered to residence above, or a 45-day temporary permit will be issued while registration is pursued with the California DMV. CVC sections 4159 & 14600(a) requires that you notify the DMV within 10 days after moving to a new address, and CVC 4000(a)(1) requires that "A person shall not drive, move, or leave standing upon a highway, or in an offstreet public parking facility, any motor vehicle...unless it is registered" with the California DMV.

2019 ANNUAL RESIDENT'S PERMIT(S) REQUESTED:

- List up to **four (4) vehicles** for which you would like to purchase parking permits for 2019.
- **Please note: Copies of valid CA DMV registrations matching the residence address above, are required to be submitted with this application (as well as proof of residency for new applicant).** DMV registrations not matching the address above, will be issued a 45-day temporary permit, to afford applicant time to transact an update to their registrations.
- **Incomplete applications submitted with missing documentation or incorrect payment, will be returned unprocessed to applicant. Do not send cash, please.**

	LIC. PLATE NO.	COLOR	MAKE	MODEL	YEAR	DMV REG. IS ATTACHED?	FEE	PERMIT #
1.						<input type="checkbox"/> YES	\$20	
2.						<input type="checkbox"/> YES	\$20	
3.						<input type="checkbox"/> YES	\$100/\$222	
4.						<input type="checkbox"/> YES	\$150/\$222	
VISITOR HANG-TAGS			#1	#2	#3	COST	FEE	PERMIT #
1.	2019 Hang-Tag / Decal					\$50 each	\$	

Date _____ Amount Paid \$ _____ check # _____ / cash / credit card; DMV Reg(s)

Paid: 1R; 2R; 3R; 4R; HT; HTd.; Guests. Fulfilled: 1R; 2R; 3R; 4R; HT; HTd.; Guests.

CONTROL #

(SEE REVERSE)



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I hereby certify, under penalty of perjury, that the foregoing information and other information provided verbally in the process of securing parking permits, is true and correct, that I am a resident at the above-listed address, and that the vehicles listed are registered to my residence address or will be registered within the period of time required by State law, with the State of California, Department of Motor Vehicles. Additionally, that I have read the information regarding qualifications to obtain parking permits, their permitted use, and that the consequences of falsified information and/or misuse, include suspension of my household's parking permits, their revocation, and/or prosecution. By signing this application I explicitly indicate my agreement to abide by the City Council-adopted procedures and regulations, and similarly commit the residents of my address, whom I represent.

Signature: _____

Date: _____

Printed name: _____

FOR OFFICE USE ONLY

rev. 11/13/2018

2019 IN-HOME SERVICE PROVIDERS & VISITORS' PERMITS:

	PERMITS	QUARTER 1			QUARTER 2			QUARTER 3			QUARTER 4		
		DATE	QTY	BY	DATE	QTY	BY	DATE	QTY	BY	DATE	QTY	BY
1	Visitor Paper Passes -- Free												
2	Visitor Paper Passes -- Sold												
3	Visitor Paper Passes -- Special												
4	Visitor Paper Passes -- Bereavement												
5	Visitor Hang-Tag/Decal												
6	In-Home Service – Baby Sitter												
7	In-Home Service -- Housekeeper												
8	In-Home Service - Medical Care Giver												
9	In-Home Service – Nanny												
10	Summertime Student/House Guest												
11	Contractor/Construction Worker												

- RENEWAL Permit(s) mailed / NEW permits issued over-the-counter on / 45d DMV: _____ By _____
- F.A.Q. mailed/ issued over-the-counter on: _____ By _____
- NON-RESIDENT decal affixed Housekeeper / Baby Sitter / Nanny / Student/Guest / Medical **By** _____
- REPLACEMENT ISSUED: Vehicle 1/2/3/4 Transfer / Lost / Stolen / Fee \$20 on: _____ By _____
- DENIED: Residency / Inaccurate fee paid _____ / Check not signed / DMV>45 on _____ **B**

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