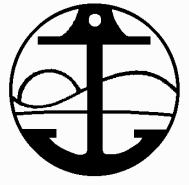


PREFERENTIAL RESIDENTIAL PERMIT PARKING APPLICATION



City of Pittsburg, Engineering Department – 65 Civic Avenue, Pittsburg, CA 94565 – Phone (925) 252-4930
Fax No: (925) 252-6928

Applicant is Applying for (indicate number requested):

_____ Annual Resident Permit(s), (3 max.) _____ Annual Guest Permit(s), (2 max.)
 _____ 1-Day Permit(s) for _____ (date), (20 max)
 _____ Replacement Permit(s), (\$25 each)

Residents Name: _____ Day Time Phone: (____) _____

Residential Address: _____

Mailing Address (if different): _____

Drivers License Number: _____ State Issued: _____ Exp. Date _____

FOR OFFICE USE ONLY

Vehicle Make, Model, and Year	License Plate Number	Issued Permit Number
1)		
2)		
3)		

Must provide proof of residency (driver's license or utility bill are examples of acceptable proof of residency).
Must provide vehicle registration for EACH vehicle to receive a parking permit

FOR OFFICE USE ONLY

Request Received By: _____ Date: _____ Department: _____

Applicable Requirements Met: _____ Proof of Residency (Type): _____

NOTES: _____

