

## Application for Parking Restrictions \$25 fee

Name:						
	Last		First		Middle	
Present Address:						
	Street		City	State	Zip Code	
Phone Number:	Day:	Day: Evening:				
Neighborhood Addr	ess:					
Description of the p	roblem:					
Restriction Sought:	Timed		1 Hour		2 Hour	
	Block of Time	Days:		Hours	::	
	No Parking					
	Permit Parking					

The following items must be attached to the application:

- 1. A map of the neighborhood showing restriction area and the names and contact information for every home in the restriction area.
- 2. A signature page with the signatures of more than half of the residents in the restriction area supporting the signing of restrictions.

For guidance on determining an appropriate neighborhood, please see the City Engineer. Requested restrictions will not be installed until payment of the appropriate sign fee as determined by the City Engineer.

Dated:

Applicant:

Please print and sign



## **Request for Parking Restrictions**

The undersigned do hereby request parking restriction to be placed in my neighborhood in accordance with the attached application. The undersigned understand that restrictions will be in place for at least two years and that local vehicles are not exempt from posted restrictions.

Name	Address	
Signature		
Name	Address	
Signature		
Name	Address	
Signature		
Name	Address	
Signature		
Name	Address	
Signature		
Name	Address	
Signature		