

Application for Parking Restrictions \$25.00 Fee

Name:					
	Last		First		Middle
Present Address:					
	Street		City	State	Zip Code
Phone Number:	Day:		Evenings:		
Neighborhood Add	ress:				
Description of the F	roblem:				
Restriction Sought:		Timed	□ 1 Hour		□ 2 Hour
		Block of Time	Days:		Hours:
	1 🗆	No Parking			
	🗆 F	ermit 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 restrictions 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: _

Request for Parking Restrictions

The undersigned do hereby request parking restrictions to be placed in my neighborhood in accordance with the attached application. The undersigned understands 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