



Application for Parking Restrictions

Name: _____
Last First Middle

Present Address: _____
Street City State Zip Code

Phone Number: Day: _____ Evenings: _____

Neighborhood Address: _____

Description of the Problem: _____

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: _____

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