

Preferential	Parking	Permit	Αp	plication

CITY OF	(10479 ort Beach, CA 92658-047		☐ Initial Application ☐ Supplemental	 ·
		r application at <u>Riverside.Perm</u> i		
	_	with payment, to the PO Box lis Riverside CA 92522 to submit the		nyment in nerson
III-I ERSOIN. VISII SA	700 Maii i 311661, 4 ··· 11001,	RIVERSIDE CA 72322 TO SUBTRIL TE	е арріїсаноп ана ре	тутпетт пт регзоп.
Date:		_		
Applicant Name:		Phone Number:		
Riverside Address	·	E-mail Address:		
Corner Property?	Yes No	If Yes, Block number & Cros	ss Street Name:	
	the <mark>Application fee of \$4</mark> Byable to: <u>City of Riversic</u>	<mark>12</mark> or Replacement fee of \$19 (F d <u>e</u> .	RMC 3.30.040)	

List License Plate Numbers of Vehicles Registered at This Address:

ALL VEHICLES LISTED MUST BE CURRENTLY REGISTERED AT APPLICANT'S ADDRESS (CVC 4159).

		Staff Use ONLY			
License Plate	Registration Expiration Date	Permit Number	Permit Color	Issue Date	Revoke Date

Preferential Parking Zone (PPZ) Permit Acknowledgement

- 1. Resident Permits are issued to a specific vehicle and are non-transferable between vehicles. Resident permits are issued to residents who have provided proof of residency including a current State of California vehicle registration showing residency within a Preferential Parking Zone (PPZ) within the City of Riverside.
- 2. Guest Permits shall be used solely for visiting the resident to which the permit is registered and only for the duration of the visit.
- 3. In order for the permit to be considered valid, the permit must be displayed in the vehicle as per the instructions included on the permit.
- 4. Use of a permit signifies the parked vehicle is not subject to the posted Preferential Parking Zone or PPZ restriction. All other regulations continue to apply. For example, the Municipal Code prohibits storage of vehicles on the street for more than 72 consecutive hours, or parking during street sweeping hours.
- 5. The permit does not provide a reservation of any parking space.

I declare that I understand and agree to the statement above and that the information provided on this application is true and correct under penalty of perjury under the laws of the State of California.

Signature:	 Date:	

Staff Use ONLY				
Date Pro	cesse	ed		
Amount				
CA	CC	CK#	<u> </u>	
Initials				
Issued vi	ia:	Mail	In-Person	