



CITY of CALABASAS

PREFERENTIAL PARKING PERMIT APPLICATION FOR:

- RESIDENT PERMIT
 PERMANENT GUEST PERMIT
 TEMPORARY GUEST PERMIT
 PERMANENT PERMIT(S) RENEWAL

To receive permits, please print clearly or type the information requested below and submit this application along with the payment of \$75.00, in person or by mail, to the Public Works Department / Transportation Division. Please make checks payable to "City of Calabasas." Qualifying first time applicants for resident permits will receive up to three (3) permanent and two (2) guest permits. First time applicants for all resident permits must attach proof of registration for each vehicle. Preferential Parking Permit Annual Fee - \$75.00

Mail application to: City of Calabasas
 Department of Public Works/ Transportation Division
 100 Civic Center Way, Calabasas, CA 91302-3172

PART A: FOR ALL APPLICANTS

RESIDENT LAST NAME	FIRST NAME	MIDDLE INITIAL
SIGNATURE	DATE	
RESIDENT ADDRESS		
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)		
HOME PHONE	WORK PHONE	

PART B: FOR RESIDENT PERMITS ONLY

VEHICLE MAKE	VEHICLE MODEL	LICENSE PLATE NUMBER	STATE REGISTERED	YEAR/COLOR

PART C: FOR TERMINATION OF RESIDENT PERMITS ONLY. PLEASE PROVIDE INFORMATION FOR THE VEHICLES(S) NO LONGER REGISTERED.

VEHICLE MAKE/MODEL	LICENSE PLATE NUMBER	RESIDENT PERMIT (DECAL) #
VEHICLE MAKE/MODEL	LICENSE PLATE NUMBER	RESIDENT PERMIT (DECAL) #

PART D: FOR REPLACEMENT OF LOST OR STOLEN PERMANENT PERMITS ONLY

DATE PERMIT LOST OR STOLEN	LOST PERMIT NUMBER
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PART E: FOR TEMPORARY GUEST PERMITS ONLY

DATE PERMITS NEEDED	NUMBER OF PERMITS NEEDED
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FOR ADMINISTRATIVE USE ONLY

RESIDENT PERMIT NUMBER(S)	GUEST PERMIT NUMBER(S)
DATE PERMIT(S) ISSUED	DATE PERMIT(S) EXPIRES
PAYMENT INFORMATION \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Credit Card _____ Exp. _____	APPROVED BY: DATE:

FOR MORE INFORMATION, PLEASE CONTACT THE CITY OF CALABASAS,
 PUBLIC WORKS DEPARTMENT / TRANSPORTATION DIVISION AT (818) 224-1600