CITY of CALABASAS

PREFERENTAIL PARKING PERMIT APPLICATION FOR:

NEW RESIDENT PERMIT NEW PERMANENT GUEST PERMIT

PERMIT RENEWAL
DISABLED PERMIT

TEMPORARY GUEST PERMIT

To receive permits, please print clearly or type the information requested below and submit this application along with the payment of \$93.00 in person or by mail to the Public Works Department / Transportation Division. 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 - \$93.00**

Mail application to: City of Calabasas

Department of Public Works/ Transportation Division 100 Civic Center Way, Calabasas, CA 91302-3172

PART A: FOR ALL APP	PLICANTS							
RESIDENT L	LAST NAME F				RST NAME MIDDLE INITIAL			
SIGNATURE				DATE				
RESIDENT ADDRESS								
MAILING ADDRESS (IF DIFFERENT FRO	OM ABOVE)							
HOME PHONE				WORK PHONE				
PART B: FOR RESIDE		Υ					I	
VEHICLE MAKE	VEHICLE MAKE VEHICLE MODEL		LICENSE PLA	ATE NUMBER	S	TATE REGISTERED	YEAR/COLOR	
PART C: FOR TERM	INATION OF RE	ESIDEN	NT PERMI	ITS ONLY.	PLEASE	PROVIDE INF	ORMATION FOR	
THE VEHICLES(S) NO) LONGER REGIST	TERED.						
VEHICLE MAKE/MODEL		LICENSE PLATE NUMBER			RESIDENT PERMIT (DECAL) #			
VEHICLE MAKE/MODEL		LICENSE PLATE NUMBER			RESIDENT PERMIT (DECAL) #			
		I.				l.		
PART D: FOR REPLAC	EMENT OF LOST	OR STO	OLEN PERN	JANENT PEI	RMITS	ONLY		
DATE PERMIT LOST OR STOLEN				LOST PERMIT NUMBER				
DART E. EOR TEMBO	DADV CLIEST DED	NAITS	MIV/EDEE	-1				
PART E: FOR TEMPORARY GUEST PERMITS ONLY (FREE				– / NUMBER OF PERMITS NEEDED				
		FOR A	ADMINIST	RATIVE USE				
RESIDENT PERMIT NUMBER(S)		GUEST PERMIT NUM	MBER(S)					
DATE PERMIT(S) ISSUED				DATE PERMIT(S) EXPIRES				
PERMIT NUMBER								
DIA								