



CITY OF EMERYVILLE

PARKING PERMIT PROGRAM PETITION

Street Name (Odd side):

Date:

Page: of

I have read the Parking Permit Program Guidelines. By checking “YES” below, I affirm that I am joining in the petition to establish the above-reference street, of which I am a resident, as a street where residents and guests with parking permits are granted preferential parking privileges. I understand that I am solely responsible to obtaining annual and visitor’s parking permits, and that failure to properly display and/or affix such permits maybe be subject to citation. By checking “NO” below I affirm that I am not in favor of establishing a permit parking program on the above-referenced street. The annual cost of parking permits will be in accordance with the fees outlined in the City of Emeryville’s Master Fee Schedule.

Address	YES	NO	Signature	Date	Print Name	Cell Phone	Email

Return form to: Planning Division, City of Emeryville, 1333 Park Avenue, CA 94608

Petition Collected by: Print Name:

Signature:

Date:

Phone:



CITY OF EMERYVILLE

PARKING PERMIT PROGRAM PETITION

Street Name (Even side):
Page: of

Date:

I have read the Parking Permit Program Guidelines. By checking “YES” below, I affirm that I am joining in the petition to establish the above-reference street, of which I am a resident, as a street where residents and guests with parking permits are granted preferential parking privileges. I understand that I am solely responsible to obtaining annual and visitor’s parking permits, and that failure to properly display and/or affix such permits maybe be subject to citation. By checking “NO” below I affirm that I am not in favor of establishing a permit parking program on the above-referenced street. The annual cost of parking permits will be in accordance with the fees outlined in the City of Emeryville’s Master Fee Schedule.

Address	YES	NO	Signature	Date	Print Name	Cell Phone	Email

Return form to: Planning Division, City of Emeryville, 1333 Park Avenue, CA 94608

Petition Collected by: Print Name:

Signature:

Date:

Phone: