



Residential and Visitor Parking Permit Application

- School Area "S"
- Downtown "R"
- Medical Area "M"

Name:	
Address:	
City/State:	
Zip code:	
Phone:	
E-mail:	
Drivers License:	

Car Information*

Vehicle	Year	Make	Model	License Plate #
1				
2				
3				

*SCHOOL AREA "S" PERMITS MAX OF 3 PER PARCEL,
 *DOWNTOWN "R" PERMITS MAX ISSUED DEPENDS ON AVAILABLE ONSITE PARKING SPACES.
 *MEDICAL AREA "M" PERMITS MAX OF 3 PER PARCEL

Abuse of any permit issued by the City of San Buenaventura can result in the revocation of the Resident permit.

Name: _____

Signature: _____ Date: _____

FOR CITY OF SAN BUENAVENTURA INTERNAL USE:

Number of permits: _____
 Permit processing fee (\$20 per permit): _____
 Total Fee: _____
 Processed by: _____

	Existing Tag #	Existing Permit #	New Tag #	New Permit #
1				
2				
3				