

## RESIDENT PERMIT PARKING PROGRAM APPLICATION

Please mail the signed application with payment to the **City of Phoenix Street Transportation Department**, **Attn. Resident Permit Parking, 200 W. Washington St., 6**<sup>th</sup> **Floor, Phoenix, AZ 85003**. Check or money order only, made payable to **Phoenix City Treasurer**. In-person drop-off is available by appointment only. Additional information: phoenix.gov/streets or email res.parking@phoenix.gov

	NEW	APPLIC	ATION		RENEWAL	L	REPLA	CEN	IENT		
FIR	ST NAME				LAST NAME			EMAI	L		
ADI	DRESS				Д	APT#	ZIP			PHONE	
RE	ESIDENT	PERMIT	Г \$10.0	0 ea.							
	LICENSE PL				EHICLE MAKE	YEAR	FEE		OFFICE USE ONLY (PERMIT NO.)		OFFICE USE ONLY
1.							\$			Area:	
2.										Date	
3.										Issued:	
4.										Term Date:	
TOTAL RESIDENT PERMITS @ \$10 EACH \$								CK/MO:			
VI	SITOR PI	ERMIT	\$5.00	ea.		OFFICE US	E ONLY (PERM	IIT NO.)			
	ONE TW	O THRE	E NONE								
			TOT	AL VIS	SITOR PERMITS	@ \$5 EACH	\$	,			
TOTAL PAYMENT ENCLOSED					\$						
ALL PERMITS EXPIRE ONE YEAR FROM THE DATE OF ISSUE											
_							55011151				

PHOTO IDENTIFICATION AND PROOF OF RESIDENCY ARE REQUIRED. Acceptable documentation to verify proof of residency (submit one of the following): vehicle registration or utility bill. *Name and address on the document must match the application.* 

THE UNDERSIGNED AGREES THAT THE CITY OF PHOENIX MAY VERIFY ANY AND ALL OF THE ABOVE INFORMATION TO ASSURE THAT THE RESIDENT PERMIT PARKING PROGRAM REQUIREMENTS HAVE BEEN MET AND CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.

SIGNATURE	DATE	
PLEASE ALLOW UP TO 20 BUSINESS DAYS FOR PROCESSING		
revised 10/22		