CITY OF SOUTH GATE

POLICE DEPARTMENT



PREFERENTIAL PARKING PERMIT APPLICATION

Street Name:				
Applicant's Name:				
Address:				
Telephone Number:		Email Address:		
Driver's License #	Expiration Date	California I.D. # Expiration Date		
	· · · · · · · · · · · · · · · · · · ·			
Proof of Residency:				
·				
My signature below acknowle	edges that I have read and ur	nderstand the informat	ion related to preferential	
parking districts as listed on the	he back of this form.		Production	
Signature:		Date:	Date:	
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FOR INTERNAL OFFICE USI	\mathbf{C}	andri directoria ancieta a decesso e e e e e e e e e e e e e e e e e e		
	1 st Residential Permit		2 nd Residential Permit	
Permit Number:				
Vehicle License Number:				
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Vehicle Registration:				
		μ		
Approved By:		Date	e:	

^{*}Disclaimer: purchase of a permit does not guarantee a parking space.