

CITY OF SOUTH GATE

POLICE DEPARTMENT



PREFERENTIAL PARKING PERMIT APPLICATION

Street Name:
Applicant's Name:
Address:

Telephone Number:	Email Address:
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Driver's License #	Expiration Date	California I.D. #	Expiration Date

Proof of Residency:

My signature below acknowledges that I have read and understand the information related to preferential parking districts as listed on the back of this form.

Signature:	Date:
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FOR INTERNAL OFFICE USE

	1 st Residential Permit	2 nd Residential Permit
Permit Number:		
Vehicle License Number:		
Vehicle Registration:		
Approved By:	Date:	

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