



CONTRACTOR PARKING PERMIT APPLICATION FORM

Permit Year 2026 - 2027

Account Number: _____
 Company Name: _____
 Address: _____
 City, State, ZIP: _____
 Contact Name: _____
 Contact Phone #: _____
 Email: _____

BRC# and EXP _____
 ST. CONT# and EXP _____
 DATE REC'D _____

When applying, please submit the following:

- 1) Current Business Registration Certificate
- 2) Current Contractor's License
- 3) Registration for Each Vehicle
- 4) A Separate Check for Each Vehicle

Permit Fee: \$3,197/permit

SHADED AREA IS FOR OFFICE USE ONLY

	<u>LICENSE PLATE #</u>	<u>MAKE/YR</u>	<u>DMV EXP</u>	<u>FEE PAID</u>	<u>CITATION COUNT/\$\$</u>	<u>PERMIT NUMBER</u>
1						
2						
3						
4						
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8						



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