City of Jurupa Valley

PETITION FOR RESIDENTIAL PERMIT PARKING

By signing the attached petition, I acknowledge the following regarding the proposed permit parking area:

- I have read and completely understand the terms and conditions of this petition.
- I agree to have permanent Permit Parking on my street.
- I understand that pending the outcome of the engineering study and City Council decision, Permit Parking signage may be placed on my side of the street.
- I understand that if Permit Parking is approved for my street, residents must display a permit during the designated restricted periods when parked on the street.
- If NOT in favor of the proposed Permit Parking zone, write "Opposed" on the petition form, while still completing name and address.

We, the undersigned, hereby request that the City of Jurupa Valley consider the petition for establishment of the Residential Permit Parking zone in the area shown on the attached map (applicant to provide a map of the street, $8\frac{1}{2}$ " x 11" with the street name highlighted).

Name of Street

Limits

1	NAME	ADDRESS
	PHONE	EMAIL
2	NAME	ADDRESS
	PHONE	EMAIL
3	NAME	ADDRESS
	PHONE	EMAIL

Name of Street Limits NAME ADDRESS 4 PHONE EMAIL 5 NAME ADDRESS PHONE EMAIL 6 NAME ADDRESS PHONE EMAIL 7 NAME ADDRESS PHONE EMAIL ADDRESS 8 NAME EMAIL PHONE NAME ADDRESS 9 PHONE EMAIL

Name of Street

Limits

	NAME	ADDRESS
	PHONE	EMAIL
	NAME	ADDRESS
	PHONE	EMAIL
	NAME	ADDRESS
	PHONE	EMAIL
	NAME	ADDRESS
	PHONE	EMAIL
	FIGNE	
	NAME	ADDRESS
	BUOUE	
	PHONE	EMAIL
	NAME	ADDRESS
	PHONE	EMAIL

Attach more sheets as necessary.

Name of Street

Limits

CONTACT PERSON INFORMATION

Each request must provide a contact person who lives on the requested street. The contact person will receive all correspondence regarding the request.

Name:		
Address:		
Phone #:		
Email:		
I agree to be the contact person for the above request.		
Signature of Applicant:	Date:	