APPLICATION FOR PARKING PERMIT
RESIDENTIAL PERMIT PARKING AREA_____

Applicant Information
Please type or print legibly

Name: _____
Last First MI

Residence Address: _____
Mailing Address: _____
_____
_____
City State Zip

Phone Number: _____ Email Address: _____

Signature: _____

Vehicle Information

Vehicle 1: _____
Year Make Model License Number

Vehicle 2: _____
Year Make Model License Number

Vehicle 3: _____
Year Make Model License Number

Vehicle 4: _____
Year Make Model License Number

Please email completed application and supporting Documents to **Epo@visalia.city**

OR:

Mail completed application, supporting documents and a check for $25.00 to:

City of Visalia
Engineering Division
315 E. Acequia Avenue
Visalia CA 93291
(559) 713-4414

City Use Only

Date Application Received_____

Date Permit Issued _____

Vehicle 1 _____
Vehicle 2 _____
Vehicle 3 _____
Vehicle 4 _____