

Permit #3 Permit #4

CITY OF SHORELINE APPLICATION FOR RESIDENTIAL PARKING ZONE (RPZ) PERMIT

Return completed application and enclose a check in the amount of \$17.50 for each Parking Permit. Check should be made payable to:

CITY OF SHORELINE

For additional information call: (206) 546-5795

PLEASE REMIT APPLICATION AND CHECK TO:

CITY OF SHORELINE c/o Traffic Services 17544 Midvale Avenue North Shoreline, WA 98133-4921

APPLICATION DATE:	<u> </u>
RESIDENT NAME:	
ADDRESS:	
CITY:	STATEPHONE ()
VEHICLE #1 LICENSE NUMBER	VEHICLE MAKE AND MODEL
VEHICLE #2 LICENSE NUMBER	VEHICLE MAKE AND MODEL
VEHICLE #3 LICENSE NUMBER	VEHICLE MAKE AND MODEL
VEHICLE #4 LICENSE NUMBER	VEHICLE MAKE AND MODEL
vehicle registration form A vehicle must either be registered to a City of For a City of Shoreline resident who drives a ca company stationery stating the following is req That the applicant is a company employee The plate number of that vehicle That the vehicle is normally parked at the a The letter must include the company's War Permits are non-transferable. Any attempt to tr Permits will be mailed to the name and address Preferred method of payment is by CHECK. D	pplicant's City of Shoreline home address hington State Unified Business Number ansfer parking permits may result in immediate revocation of permit privileges. on the application form. O NOT SEND CASH. I) in accordance with the foregoing information, under and pursuant to City of tifies the information contained herein as true and correct to the best of the
FOR OFFICIAL USE ONLY	
Permit #1	Guest Permit #1
Permit #2	Guest Permit #?