CITY OF

AGOURA HILLS

Application for Resident Parking Permit
Preferential Parking District No. 4 – Carell Dr./Garnet Hill Ct./Michelle Dr.

Pursuant to Agoura Hills Municipal Code, Sections 15.64.776 and 15.64.778

I, _____, hereby state that I reside in Agoura Hills within Parking District #4 at:

_____ **CARELL AVE.** or _____**GARNET HILL CT.** or _____**MICHELLE DR.**
(Street #)   (Street #)   (Street #)

I am applying for _____ Resident Parking permits   I am applying for _____ Guest Parking permits

I understand, if a Residential Preferential Parking Permit(s) is issued to me, I will be required to provide the City of Agoura Hills with proof of ownership of vehicle being used, or the legal right to use said vehicle. I acknowledge that failure to provide such information is sufficient cause for immediate revocation of any Residential Preferential Parking Permit(s) or Guest Preferential Parking Permit(s) issued to me. I also understand that the Residential Preferential Parking Permit(s), issued to me, is for the specific vehicle(s) listed below and cannot be transferred to any other vehicle or person without authorization of the City of Agoura Hills. In the event any of this information changes, it will be my sole responsibility to update that information with the City of Agoura Hills. **Proof of residency, vehicle(s) registration and license plate number(s) are required for the above address.**

Further, I understand that <u>initially</u> I will receive two resident passes, free of charge, and will pay a $10.00 fee for each guest parking pass issued. I can purchase one or both guest passes at a later date, if desired. *In the event <u>any</u> of my passes are lost or stolen, I must return all remaining passes for destruction and issuance of a new numbered set.* The reissuance fee is $10 for each new pass and at no time will the number of passes exceed a total of four.

<u>Resident Name #1 & Vehicle #1 Information</u>	<u>Resident Name #2 & Vehicle# 2 Information</u>
Name Resident #1:_____ (Print)	Name Resident #2:_____ (Print)
Vehicle #1 License No.:_____ (Print)	Vehicle #2 License No.:_____ (Print)
Vehicle #1 Make, Model & Color:	Vehicle #2 Make, Model & Color:
_____ (Print)	_____ (Print)

Daytime phone & email: _____

Signature: _____   Date: _____

FOR OFFICE USE: CDL _____   *Documents* _____   *Vehicle Reg.* _____   *Issuing Agent* _____

                                                                                                                                    Initials

Resident and Guest Permit No's: _____   *Date* _____