



## Application for Resident Parking Permit Preferential Parking District No. 3 – Foothill Drive and Toth Place

I, \_\_\_\_\_, hereby state that I am a resident of \_\_\_\_\_ **FOOTHILL DRIVE**,  
(Name) (Address#)

or \_\_\_\_\_ **TOTH PLACE**, located within the boundaries of Preferential Parking District No. 3, City of Agoura Hills.  
(Address#)

I am applying for \_\_\_\_\_ Resident Parking permits      I am applying for \_\_\_\_\_ Guest Parking permits

I understand, if a Resident Preferential Parking Permit(s) is issued to me, I will be required to provide the City of Agoura Hills with proof of ownership of the 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 Resident Preferential Parking Permit(s) or Guest Preferential Parking Permit(s) issued to me. I also understand, that the Residential Preferential Parking Permit 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 and vehicle(s) license plate number(s) are required for the above address.**

Further, I understand that initially I will receive two resident passes, free of charge, and 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 any 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.

### Resident Name #1 & Vehicle #1 Information

### Resident Name #2 & Vehicle# 2 Information

Name Resident #1: \_\_\_\_\_  
(Print)

Name Resident #2: \_\_\_\_\_  
(Print)

Vehicle #1 License No.: \_\_\_\_\_  
(Print)

Vehicle #2 License No.: \_\_\_\_\_  
(Print)

Vehicle #1 Make, Model & Color: \_\_\_\_\_  
(Print)

Vehicle #2 Make, Model & Color: \_\_\_\_\_  
(Print)

Daytime phone & email: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR OFFICE USE:**      CDL \_\_\_\_\_ Documents \_\_\_\_\_ Vehicle Reg. \_\_\_\_\_ Issuing Agent \_\_\_\_\_  
Resident and Guest Permit No's: \_\_\_\_\_ Date \_\_\_\_\_  
Initials