



Transportation Division

**NEIGHBORHOOD SERVING COMMUNITY
FACILITY PARKING PERMIT
APPLICATION FORM**

FACILITY NAME: _____ TELEPHONE: _____ DATE: _____

FAX NO: _____ Email: _____

ADDRESS _____ NEAREST CROSS-STREET _____

FACILITY TYPE: School _____ Number of Employees: _____
Church _____ Number of Employees: _____

NUMBER OF OFF-STREET PARKING SPACES PROVIDED: On-Site _____ Other _____ Please explain:.
NUMBER OF DASHBOARD PERMITS REQUESTED: _____

TRANSPORTATION METHOD:	NUMBER OF EMPLOYEES
Car: Driver	_____
Car. Passenger	_____
BART/AC Transit	_____
Cab, Van, Dial-A-Ride	_____
Walk/Bike	_____
Other	_____
TOTAL	_____

REPRESENTATIVE RESPONSIBLE FOR PERMIT DISTRIBUTION: (Print) _____
Name Title Phone Number

I certify that to the best of my knowledge the information provided in this form reflects our present conditions.

Print Name, title, and signature of person responsible for the Neighborhood Serving Community Facility Date

NOTE: APPLICATIONS FOR NEIGHBORHOOD SERVING COMMUNITY FACILITY PARKING PERMITS MUST BE MADE YEARLY.

REMEMBER TO ATTACH YOUR WRITTEN NARRATIVE AND AN OFFICIAL COPY OF YOUR EMPLOYEE ROSTER TO THIS APPLICATION (Instructions on separate form)

For Official Use Only

APPROVED: _____ REJECTED: _____ PERMITS AUTHORIZED: _____ FOR RPP AREA: _____

BY: _____ DATE: _____
City Traffic Engineer or RPP Project Manager

COMMENTS: _____