



CITY OF SAN DIMAS

Guest Parking Permit Application

San Dimas Municipal Code Chapter 10.25

Resident Information

Please print legibly

Name of Property Owner: _____ Date: _____
Last First

Address: _____

Email Address: _____

Home Phone: () _____ Cell Phone: () _____

**Participant of Permit Parking Program

Event Details

Please print legibly

Date of Event: _____ Description of Event: _____

No. of Permits Requested: _____

The frequency and number of permits is subject to the approval of the Director of Public Works.

Official Use Only:

Permit District No. _____

Permit No. _____

I certify that the following is true to the best of my ability and understanding:

- All vehicles have current CA registration tags
- If guest relocates out of the Permit Parking District, the permit(s) becomes null and void
- Pursuant to the Permit Parking Policy - Overnight Parking restrictions and all other parking restrictions remain in effect
- I agree to abide by the currently adopted City of San Dimas Permit Parking Policy

Date: _____ Signature of Resident: _____

Approval

Date: _____ Signature of Director of Public Works: _____