

Annual Parking Permit Application

Business Name: _____

Business Address: _____

Business Phone: _____

Email Address: _____

Business License # : _____

Expiration Date: _____

Permit Use/Quantity:

Owner _____ P/T Employee _____

Seasonal _____ F/T Employee _____

Total # _____ **Total \$** _____

Verification of Employment

I hereby certify that _____
Employee Name
is currently employed at:

Business Name _____

Name of Owner/Manager _____

Signature of Owner/Manager _____ Date _____

I certify that I have read the rules and regulations of the permit program.

Signature of Applicant _____ Date _____

Staff Use Only:

Accepted by: _____ Date: _____

Quarterly Parking Permit Application

Business Name: _____

Business Address: _____

Business Phone: _____

Email Address: _____

Business License # : _____

Expiration Date: _____

Permit Use/Quantity:

Owner _____ P/T Employee _____

Seasonal _____ F/T Employee _____

Total # _____ **Total \$** _____

Verification of Employment

I hereby certify that _____
Employee Name
is currently employed at:

Business Name _____

Name of Owner/Manager _____

Signature of Owner/Manager _____ Date _____

I certify that I have read the rules and regulations of the permit program.

Signature of Applicant _____ Date _____

Staff Use Only:

Accepted by: _____ Date: _____

Please make check or money order payable to the
CITY OF LOS ALTOS
Mail to Los Altos Police Department at:
1 N. San Antonio Road Los Altos CA 94022
Please do not mail cash