CITY OF MONTEREY PARK
320 WEST NEWMARK AVENUE
MONTEREY PARK, CA 91754

PARKING PERMIT OR VISITOR PASS REQUEST

DATE:

MY NAME IS: ____

MY ADDRESS IS: ____

THE REASON THAT I WANT TO REPLACE OR RENEW MY PARKING PERMIT

OR VISITORS PASS IS:

____

I UNDERSTAND THAT THERE IS A FEE OF $ 26.00 FOR EACH OF MY

REPLACEMENT OR RENEWAL OF MY PARKING PERMIT OR VISITOR PASS.

____
SIGNATURE OF APPLICANT

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OFFICE USE ONLY

DATE ISSUED: ______________

AMOUNT PAID: ____________

PERMIT OF PASS NUMBER(S):

PERSON RELEASING: