



**CITY OF BEVERLY HILLS
PUBLIC WORKS SERVICES DEPARTMENT
APPLICATION FOR PREFERENTIAL/OVERNIGHT
PARKING PERMIT**

PLEASE TYPE OR PRINT ALL INFORMATION REQUESTED

NAME: _____

ADDRESS: _____ UNIT# _____

BEVERLY HILLS, CA 9021____

DAYTIME TELEPHONE NUMBER: () _____

E-MAIL _____

IF APPLYING FOR AN OVERNIGHT PERMIT-FILL OUT ALL VEHICLES INFORMATION

License Plate _____ Make: _____ Model _____ Color _____

License Plate _____ Make: _____ Model _____ Color _____

License Plate _____ Make: _____ Model _____ Color _____

I HAVE BEEN ISSUED AND UNDERSTAND THE CONDITIONS OUTLINED IN THE GUIDELINES FOR PREFERENTIAL/OVERNIGHT PARKING PERMITS AND THAT THE PREFERENTIAL/OVERNIGHT PARKING PERMIT FEE IS NON-REFUNDABLE. I UNDERSTAND THAT THE PERMITS WILL BE MAILED TO THE ADDRESS OF ISSUANCE AND THAT THE EXEMPTIONS ARE AVLAIBLE FOR USE IN THE INTERIM. I UNDERSTAND THAT A VIOLATION OF THE REGULATIONS MAY RESULT IN REVOCATION OF THE PERMIT OR OTHER ACTION PERMITTED BY LAW. I DECLARE UNDER PENALTY OF PERJURY THAT ALL STATEMENTS PROVIDED HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: _____ DATE: _____

Office use only:

O/N		PPP		ACCT#	
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City of Beverly Hills
Public Works Services Department
455 North Rexford Drive
Beverly Hills, CA 90210
310.285.2500 Office
310.858.5965 Fax