



CITY OF LONG BEACH

DEPARTMENT OF FINANCIAL MANAGEMENT

411 WEST OCEAN BOULEVARD, LOBBY • LONG BEACH, CALIFORNIA 90802 • (562) 570-6822

PARKING CITATION SECTION PREFERENTIAL PARKING PERMIT APPLICATION

Name: _____

Address: _____

Telephone: (____) _____ E-Mail: _____

Prorated Permit Fee Structure

Application Date:	January - March	\$33.75
	April - June	\$25.75
	July - September	\$17.75
	October - December	\$9.75

Type and Number of Permits:

Resident Permit (Limit 3): _____ Guest Permit (Limit 1): _____ Total Permit(s): _____

Amount Enclosed: \$ _____

Enter the Vehicle License Plate Number for each Permit:

1. License Plate Number: _____ (Resident Permit)

2. License Plate Number: _____ (Resident Permit)

3. License Plate Number: _____ (Resident Permit)

Please make check payable to the City of Long Beach and mail it with this application, proof of residency, and a copy of the vehicle registration for each vehicle. Mail to: City of Long Beach, Parking Citation Section, 411 W. Ocean Blvd., Long Beach, CA 90802.

The applicant agrees that the permit(s) applied for may not be sold or transferred in any manner, except that a guest permit may be used by various visitors and service people at the applicant's residence. The sale or transfer of a permit is in violation of LBMC Section 10.32.040 and shall be subject to a fine in the amount of \$100.00 and any misuse of a permit(s) is grounds for revocation by the City of said permit(s).

The information provided above is correct and I understand the regulations regarding the use of residential preferential and guest permits.

Applicant Signature

Date

Property Owner Signature (Required if applicant is a renter)

Date