OVERSIZED VEHICLE OVERNIGHT PARKING PERMIT APPLICATION HOTEL/MOTEL

Please read Parking Permit Guidelines prior to completion

1. Hotel/Motel:	
Address (Not a PO Box):	
SANTA CRUZ, 950	Daytime Phone #:
Driver's License #:	Email:
Hotel/Motel Contact Person:	
Applicant must also submit proof of a curre 4. Utility:	ent utility bill matching the address submitted (SCMC 10.40.120(h)(5))
Hotel guest permits are for the exclusive us 10.40.120(g)(2).) Guests must park within	te of the above-named hotel's registered guests. (SCMC 400 feet of the address above.
2. # of Guest Permits: (no max)	
Date(s) Received://	Guest Permit #:
the permit is valid for an oversized vehicle assigned address only. An Overnight Over applicable parking law, regulation, or ordinarelated to this permit: "Every person who displays a frauduler	Oversized Vehicle Overnight Parking Permit Guidelines. I understand that e for registered hotel guests on city streets no more than 400 feet of the rsize Vehicle parking permit does not waive compliance with any other ance. I have read and understand the following Municipal Code provisions ont, forged, altered or counterfeit oversized vehicle parking permit or permit the first offense. Any subsequent offense committed within twelve months
of a previous citation is a misdemeanor	r." (SCMC 10.40.120(k).)
adversely affect public safety, traffi	rmined that the oversized vehicle will "create a traffic hazard or otherwise ic flow, bike lanes, or access." (SCMC 10.40.120(h)(5).) hat all the statements in this application are true and correct.
Signature	Date