



CAPITOLA POLICE DEPARTMENT

RUDY ESCALANTE
CHIEF OF POLICE

PARKING PERMIT APPLICATION

Applicant Name	
Address	Phone No.

	VEHICLE 1	VEHICLE 2	VEHICLE 3
PERMIT NO.			
TYPE			
LICENSE			
MAKE			
MODEL			
COLOR			

Visitor Permit No. _____ No. _____

Transferable Permit No. (Village Residents ONLY) _____

VILLAGE RESIDENTS ONLY:

Do you have off-street parking available _____ If yes, number of spaces _____

ALL RESIDENTS:

I hereby acknowledge that I have received a copy of and understand the conditions of this permit. If the Chief of Police issues me a permit I will abide by the conditions.

Signature

Date

**I acknowledge receipt of the Updated 2015 Parking Permit Guidelines and Regulations
and I understand that as the permit owner
it is my responsibility to explain these rules to my permit users**

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