



Department of Transportation
 Mobility Division
 1685 Main Street –City Hall East
 Santa Monica, California 90401
 tel: 310/458-8291 • fax: 310/576-9170
 transportation.planning@santamonica.gov

Date _____

___ TNP - _____

Purpose (Length in feet)	
Paid By (print name)	
Permittee/Company Name	
Street Address	
City / State / ZIP Code	
Daytime Telephone Number	
Email	

LOCATION 1 Address (number + street):							
Street Name of Parking Location							
Meter Numbers							
Dates Effective							
Circle Days of Week	Sun	Mon	Tue	Wed	Thur	Fri	Sat
Hours							
Account 01225.400300 _____ Days x _____ Meters x _____ Hours x \$ _____/Hour = \$ _____							

Staff to Complete

LOCATION 2 Address (number + street):							
Street Name of Parking Location							
Meter Numbers							
Dates Effective							
Circle Days of Week	Sun	Mon	Tue	Wed	Thur	Fri	Sat
Hours							
Account 01225.400300 _____ Days x _____ Meters x _____ Hours x \$ _____/Hour = \$ _____							

Staff to Complete

LOCATION 3 Address (number + street):							
Street Name of Parking Location							
Meter Numbers							
Dates Effective							
Circle Days of Week	Sun	Mon	Tue	Wed	Thur	Fri	Sat
Hours							
Account 01225.400300 _____ Days x _____ Meters x _____ Hours x \$ _____/Hour = \$ _____							

Staff to Complete

Temporary No Parking Signs	_____ Signs @ \$1.83 / Sign = \$ _____
Account: 01267.400601	_____ @ \$80.15 Application Fee = \$ _____
Miscellaneous Charges (specify)	_____ = \$ _____

Account number		Total paid \$ _____
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