



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 @ \$1.90 / Sign = \$ _____
Account: 01267.400601	_____ @ \$83.12 Application Fee = \$ _____
Miscellaneous Charges (specify)	_____ = \$ _____

Account number		Total paid \$ _____
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