Santa Monica

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			

Durage / Longth in for	.4\						
Purpose (Length in fee	₹ <i>(</i>)						
Paid By (print name)							
Permittee/Company N	ame						
Street Address	Street Address						
City / State / ZIP Code	•						
Daytime Telephone No	umber						
Email							
LOCATION 1 Address	•	- street):					
Street Name of Parkin	g Location						
Meter Numbers							
Dates Effective							
Circle Days of Week	Sun	Mon	Tue	Wed	Thur	Fri	Sat
Hours		-				I	
Account 01225.400300	Days x	Me	ters x	Hours	x \$	_/Hour = \$	
	LOCATION 2 Address (number + street):						
Street Name of Parkin	g Location						
Meter Numbers							
Dates Effective							
Circle Days of Week	Sun	Mon	Tue	Wed	Thur	Fri	Sat
Hours	•						1
Account 01225.400300	Days :	x M	eters x _	Hours	s x \$	/Hour =	\$
100171011011011	, .						
LOCATION 3 Address	•	- street):					
Street Name of Parkin Meter Numbers	g Location						
Meter Numbers							
Dates Effective							
Circle Days of Week	Sun	Mon	Tue	Wed	Thur	Fri	Sat
Hours	1					1	1
Account 01225.400300	Days x	Me	ters x	Hours	x \$	_/Hour = \$	
Temporary No Parking Signs Signs Signs @ \$1.90 / Sign = \$							
Account: 01267.400601		@ \$83.12 Application Fee = \$					
Miscellaneous Charges (specify)			= \$				
Wilderland Onlange	o (opcony)					. – Ψ	

Staff to Complete

Staff to Complete

Staff to Complete

Account number	Total paid	\$