

**PETITION FOR PERMIT PARKING
CITY OF COLLEGE PARK, MARYLAND
(MUST BE PRINTED LEGIBLY)**

DATE: _____

We, the residents of _____ request permit parking for:
(Location)

_____ between _____ and
(Name of Street) (Location)

(Location)

Contact Name: _____ Phone number: _____

The name and address of each petitioner must be printed legibly or typewritten. The petitioners must represent two-thirds of the single-family dwelling units in the affected area. For each multi-family dwelling, the signature of the owner or agent is required. Duplicate this form for additional signatures. For further information, see Chapter 151 of the College Park City Code.

Permit parking is considered necessary because: _____

The desired days and times that permit parking is requested to be enforced: _____

The undersigned understand and acknowledge that there will be a fee for parking permits.

NAME	SIGNATURE	ADDRESS

Return completed form to the City Clerk's Office, 7401 Baltimore Avenue, Suite 201, College Park, MD 20740, or by email to cityclerkoffice@collegeparkmd.gov. If you have any questions, please call our office at 240-487-3501 or email us at cityclerkoffice@collegepakrmd.gov.