



APPLICATION FOR PARKING PERMIT  
RESIDENTIAL PERMIT PARKING AREA \_\_\_\_\_

Applicant Information  
Please type or print legibly

Name: \_\_\_\_\_  
Last First MI

Residence Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City State Zip

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Vehicle Information

Vehicle 1: \_\_\_\_\_  
Year Make Model License Number

Vehicle 2: \_\_\_\_\_  
Year Make Model License Number

Vehicle 3: \_\_\_\_\_  
Year Make Model License Number

Vehicle 4: \_\_\_\_\_  
Year Make Model License Number

Please email completed application and supporting  
Documents to [Epo@visalia.city](mailto:Epo@visalia.city)

OR:

Mail completed application, supporting documents and  
a check for \$25.00 to:

City of Visalia  
Engineering Division  
315 E. Acequia Avenue  
Visalia CA 93291  
(559) 713-4414

City Use Only
Date Application Received _____
Date Permit Issued _____
Vehicle 1 _____
Vehicle 2 _____
Vehicle 3 _____
Vehicle 4 _____