

RESIDENCE ADDRESS \_\_\_\_\_ APT# \_\_\_\_\_ COVINA, CA 917 \_\_\_\_\_

**CITY OF COVINA  
APPLICATION FOR OVERNIGHT PARKING PERMIT  
\$25.00 APPLICATION FEE PAYABLE IN ADVANCE (NON-REFUNDABLE)**

I have read and understand the conditions set forth on the Overnight Parking Permit information sheet pursuant to Covina Municipal Code Section 10.32.185 and hereby make application and payment for the vehicle described, at the residence address shown above and the period indicated below. PLEASE PRINT OR TYPE AND RETURN.

NAME: \_\_\_\_\_ DRIVER'S LICENSE # \_\_\_\_\_

HOME PHONE: (    ) \_\_\_\_\_ ALTERNATE PHONE: (    ) \_\_\_\_\_  
An investigating officer may need to make an appointment to inspect your premises.

Vehicle for which permit is requested:

VEHICLE LICENSE PLATE: \_\_\_\_\_ STATE: \_\_\_\_\_

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_ COLOR: \_\_\_\_\_

Set forth the facts which make overnight parking on public streets necessary: \_\_\_\_\_

List all additional vehicles that will be parked at the above residence:

Vehicle Make: _____	Model: _____	Year: _____	Color: _____	License Plate: _____
Vehicle Make: _____	Model: _____	Year: _____	Color: _____	License Plate: _____
Vehicle Make: _____	Model: _____	Year: _____	Color: _____	License Plate: _____
Vehicle Make: _____	Model: _____	Year: _____	Color: _____	License Plate: _____
Vehicle Make: _____	Model: _____	Year: _____	Color: _____	License Plate: _____

Number of vehicles garage will hold: \_\_\_\_\_ Number of vehicles driveway will hold: \_\_\_\_\_

I submit under penalty of perjury that the above information is true and correct.

Signature of Applicant: \_\_\_\_\_ Date signed: \_\_\_\_\_

**DO NOT WRITE IN THIS SECTION:**

Completed Application Accepted By: \_\_\_\_\_ ID: \_\_\_\_\_ Date: \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_ Receipt # \_\_\_\_\_ 1<sup>st</sup> Qtr \_\_\_\_\_ 2<sup>nd</sup> Qtr \_\_\_\_\_ 3<sup>rd</sup> Qtr \_\_\_\_\_ 4<sup>th</sup> Qtr \_\_\_\_\_  
JAN-MAR                      APR-JUN                      JUL-SEP                      OCT-DEC

Records: \_\_\_\_\_ ID: \_\_\_\_\_ Date: \_\_\_\_\_ Current Registration: Yes (    ) No (    )

Parking Citations: No (    ) Yes (    ) If yes, copies attached to application.

Watch Commander: \_\_\_\_\_ ID: \_\_\_\_\_ Date: \_\_\_\_\_ Approved (    ) Denied (    )

Reason Permit Was Denied: \_\_\_\_\_

Notification Mailed Out By: \_\_\_\_\_ ID: \_\_\_\_\_ Date: \_\_\_\_\_