



# CITY OF BEVERLY HILLS APPLICATION FOR PREFERENTIAL/OVERNIGHT PARKING PERMIT

**PLEASE TYPE OR PRINT ALL INFORMATION REQUESTED**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ UNIT# \_\_\_\_\_

BEVERLY HILLS, CA 9021 \_\_\_\_\_

DAYTIME TELEPHONE NUMBER: (        ) \_\_\_\_\_

E-MAIL \_\_\_\_\_

---

**IF APPLYING FOR AN OVERNIGHT PERMIT-FILL OUT ALL VEHICLES INFORMATION**

License Plate \_\_\_\_\_ Make: \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_

License Plate \_\_\_\_\_ Make: \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_

License Plate \_\_\_\_\_ Make: \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_

---

I HAVE BEEN ISSUED AND UNDERSTAND THE CONDITIONS OUTLINED IN THE GUIDELINES FOR PREFERENTIAL/OVERNIGHT PARKING PERMITS AND THAT THE PREFERENTIAL/OVERNIGHT PARKING PERMIT FEE IS NON-REFUNDABLE. I UNDERSTAND THAT THE PERMITS WILL BE MAILED TO THE ADDRESS OF ISSUANCE AND THAT THE EXEMPTIONS ARE AVLAIBLE FOR USE IN THE INTERIM. I UNDERSTAND THAT A VIOLATION OF THE REGULATIONS MAY RESULT IN REVOCATION OF THE PERMIT OR OTHER ACTION PERMITTED BY LAW. I DECLARE UNDER PENALTY OF PERJURY THAT ALL STATEMENTS PROVIDED HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Office use only:

O/N		PPP		ACCT#	
-----	--	-----	--	-------	--

City of Beverly Hills  
 Police Department  
 464 North Rexford Drive  
 Beverly Hills, CA 90210  
 310.285.2500 Office  
 parking@beverlyhills.org