



City of St. Augustine
50 Bridge Street
St. Augustine, FL 32084
904-825-1034

PETITION FOR RESIDENTIAL PERMIT PARKING
(MUST BE PRINTED LEGIBLY)

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

_____ between _____ and
(Location) (Location)
_____.

Contact Name: _____ Phone number: _____

The name and address of each petitioner must be printed legibly or typewritten. The petitioners must represent 60 percent of the dwellings in the affected area. Only one signature per household. Duplicate this form for additional signatures.

Permit parking is considered necessary because: _____

The desired days and times to be restricted for Residential Permit Parking:

The undersigned understand and acknowledge that there will be a fee for parking permits and parking is on a first come first served basis.