

Residential Parking Permit Program Request Form

The purpose of this form is to enable neighborhoods to request the initiation of a Residential Parking Permit Program in accordance with the City of San Mateo's adopted Residential Parking Permit Program Policy and Procedures. This form must be filled out in its entirety and submitted with any request to:

City of San Mateo
Public Works Department
330 West 20th Street
San Mateo, California 94403

Feel free to attach additional sheets containing pictures, maps, or additional text if the space provided is insufficient.

1. Requesting Individual's Contact Information

Name: _____

Address: _____

Phone Number: _____

Email (optional): _____

2. Please describe the nature of the overflow parking problem in your neighborhood. What streets in your neighborhood do you feel are affected by overflow parking? : _____

3. Can you identify a parking impact generator that is the cause of overflow parking in the neighborhood? Are there any facilities (churches, schools, shopping centers, etc.) near this location that generate a high concentration of vehicle and pedestrian traffic?: _____

4. Please describe how a Residential Parking Permit Program will be able to eliminate or reduce overflow parking impacting the neighborhood: _____

5. Is there neighborhood support for submittal of this Residential Parking Permit Program application? Have you contacted your HOA/Neighborhood Association? _____

Neighborhood Petition Form for Residential Permit Parking

City of San Mateo

THE UNDERSIGNED BELOW AGREE TO THE FOLLOWING:

1. All persons signing this petition do hereby certify that they reside on the following street, which is being considered for 2-hour residential permit parking: _____ (Street Name)
2. All persons signing this petition do hereby agree that the following contact person(s) represent the neighborhood as facilitator(s) between the neighborhood residents and City of San Mateo staff in matters pertaining to this request:

Name: _____ Address: _____ Phone #: _____
Name: _____ Address: _____ Phone #: _____
Name: _____ Address: _____ Phone #: _____

ONLY ONE SIGNATURE PER DWELLING UNIT

Name (Please Print)	Address	Phone Number	Signature
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
11. _____	_____	_____	_____
12. _____	_____	_____	_____
13. _____	_____	_____	_____
14. _____	_____	_____	_____
15. _____	_____	_____	_____
16. _____	_____	_____	_____
17. _____	_____	_____	_____
18. _____	_____	_____	_____
19. _____	_____	_____	_____
20. _____	_____	_____	_____