



PLANNING & COMMUNITY DEVELOPMENT

Mobility Division
 1685 Main Street – Room 115
 Santa Monica, California 90401
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 transportation.planning@smgov.net

Date _____

___ TNP - _____

Purpose (Length in feet)	
Paid By (print name)	
Permittee/Company Name	
Street Address	
City / State / ZIP Code	
Daytime Telephone Number	
Email	

LOCATION 1 Address (number + street):							
Street Name of Parking Location							
Meter Numbers							
Dates Effective							
Circle Days of Week	Sun	Mon	Tue	Wed	Thur	Fri	Sat
Hours							
Account 01225.400300 _____ Days x _____ Meters x _____ Hours x \$ _____/Hour = \$ _____							

LOCATION 2 Address (number + street):							
Street Name of Parking Location							
Meter Numbers							
Dates Effective							
Circle Days of Week	Sun	Mon	Tue	Wed	Thur	Fri	Sat
Hours							
Account 01225.400300 _____ Days x _____ Meters x _____ Hours x \$ _____/Hour = \$ _____							

LOCATION 3 Address (number + street):							
Street Name of Parking Location							
Meter Numbers							
Dates Effective							
Circle Days of Week	Sun	Mon	Tue	Wed	Thur	Fri	Sat
Hours							
Account 01225.400300 _____ Days x _____ Meters x _____ Hours x \$ _____/Hour = \$ _____							

Temporary No Parking Signs	_____ Signs @ \$1.04 / Sign = \$ _____
Account: 01267.400601	_____ @ \$72.91 Application Fee = \$ _____
Miscellaneous Charges (specify)	_____ = \$ _____

Account number		Total paid \$ _____
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Revised 2 FEB 19 CA CK CC AA Waived by: _____

Received by MD Staff _____