

**THE CITY OF
POMONA**

**Vehicle Parking District Commission
Residential Permit Request**



VPD LOTS: 1, 2, 3, 4, 5, 6, 7, 9, 10, 12 & 15 (MONDAY-SUNDAY 8AM-8PM)

RATE OF \$15 PER SPACE EACH MONTH SOLD ON A QUARTERLY BASIS (\$45 PER QUARTER), UPON APPROVAL

The VEHICLE PARKING DISTRICT / CITY OF POMONA reserves the right to use the permitted premises from time to time for City of Pomona authorized special events. Notice of said use shall be posted 72 hours prior to the events. All active parking permit holders affected by the event may park in any open operating VPD parking lot currently available for permit parking.

APPLICANT INFORMATION

DATE: ____ / ____ / ____

LAST NAME: _____ FIRST NAME: _____

CITY OF RESIDENCE: _____ ZIP CODE : _____

BUSINESS / INSTITUTION ORGANIZATION: _____

BUSINESS / INSTITUTION ADDRESS: _____

DESIRED LOT NO.: _____ NUMBER OF SPACES: _____ ALTERNATE LOT: _____

PLEASE SPECIFY PRECISE REASON FOR YOUR REQUEST: _____

(i.e. Commuter, Business Owner, Student, Employee, Resident, etc.)

DESIRED DATE TO BEGIN PARKING: _____

Applicant Signature: _____

PARKING IS AVAILABLE ON A FIRST-COME FIRST-SERVE BASIS AND IS NOT GURANTEED.
ALL LEASE REQUESTS ARE REVIEWED BY THE VPD STAFF FOR APPROVAL AFTER SUBMISSION. ALL APPROVED OR DENIED
LEASE REQUESTS ARE PRESENTED TO THE VPD COMMISSION FOR CONSENT AT THE MONTHLY VPD MEETING HELD ON THE 2ND
THURSDAY OF EACH MONTH AT 6:00 P.M. IN THE POMONA COUNCIL CHAMBER.
PLEASE BE AWARE THAT LEASE RATES ARE NONREFUNDABLE AND NOT PRORATED.

VPD REVIEW DECISION

____ APPROVAL Recommended
____ APPROVED W/ CONDITION Recommended
____ DENIED Recommended

By: _____ Date: ____ / ____ / ____
Signature

____ APPROVED
____ APPROVED W/ CONDITION
____ DENIED

By: _____ Date: ____ / ____ / ____
Signature

Comments for approval/denial: _____

VPD STAFF ONLY	
Num. Of Permits Renewed:	
Date:	Initial:

Please send all inquiries to Pomona City Hall, Vehicle Parking District at 505 S. Garey Ave., Pomona, CA 91766
Phone: (909) 620-3782 / Fax: (909) 620-3703



Residential Permit Applicant Contact Information

VPD LOTS: 1, 2, 3, 4, 5, 6, 7, 9, 10, 12 & 15 (MONDAY-SUNDAY 8AM-8PM)

APPLICANT CONTACT INFORMATION

DATE: ____ / ____ / ____

LAST NAME: _____ FIRST NAME: _____

BILLING/HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NO.: _____ E-MAIL.: _____

ALTERNATE PHONE NO.: _____ FAX NO.: _____

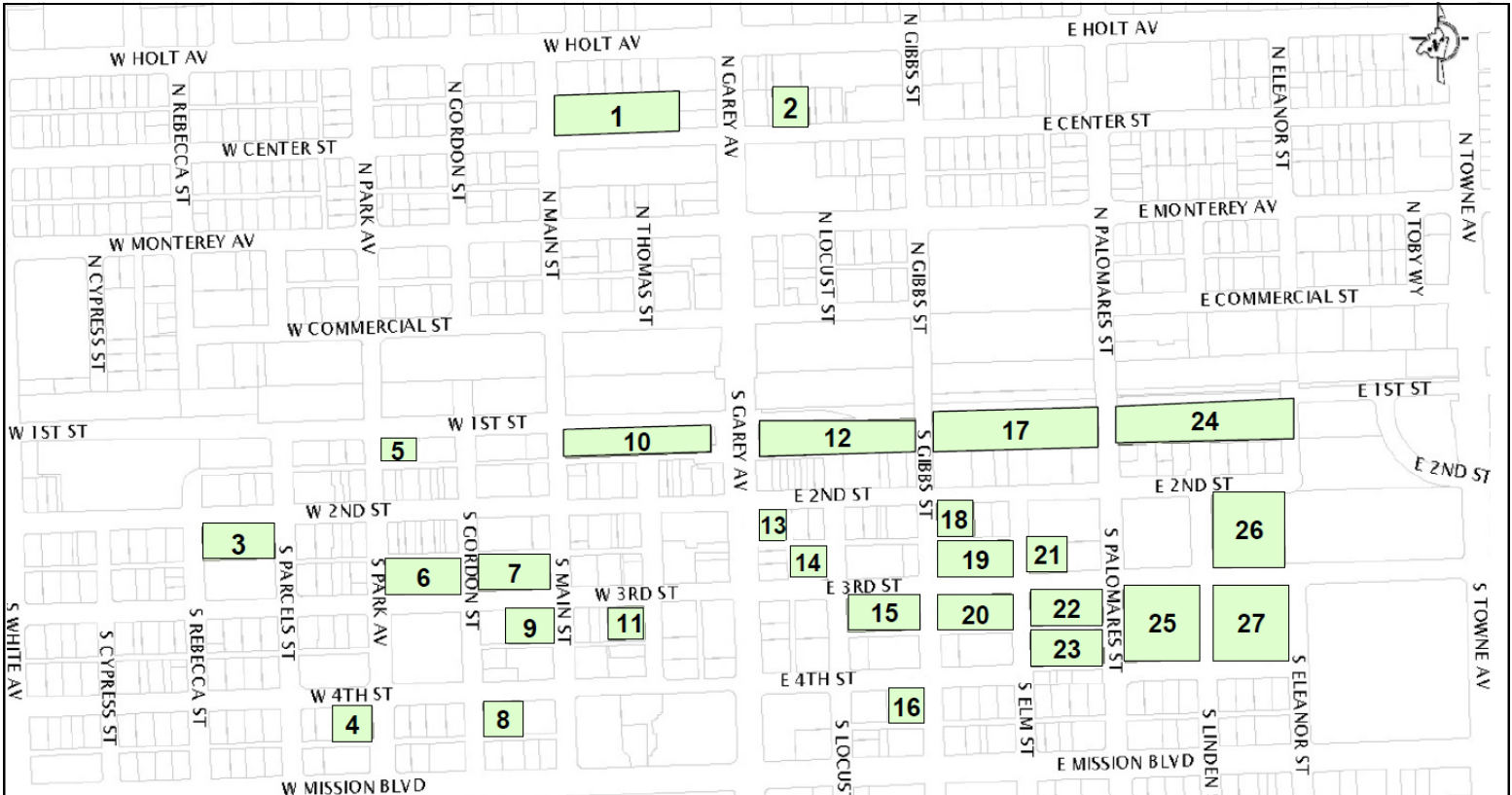
VEHICLE DESCRIPTION (Make, Model, Year, Color) : _____

LICENSE PLATE NO.: _____

Please list additional information below the Applicant Information if there is more than one vehicle, etc.

Applicant Signature: _____

VEHICLE PARKING DISTRICT LOTS



Legend
 VPD LOTS