



ANGLED PARKING PETITION FORM

Name _____

Date _____

Address _____

Phone _____

Zip _____ **E-mail** _____

Fax _____

Location for Angled Parking _____

Between _____ **&** _____

The street is primarily: ___ Residential ___ Commercial

If Commercial, please answer the following questions:

1. Who will be the primary users of the angled parking (neighboring residents, employees, customers, etc.)?

2. Describe the current parking problems:

3. Do you currently have on-site parking? If so, how many do you have?

Name	Address	Telephone No.	Email Address	Signature

Please submit the completed form to:

Fax: Zarah Lacson
 Department of Public Works
 Transportation Division
 Angled Parking Program
 (916) 808-1984

Mail: Zarah Lacson
 Department of Public Works
 Transportation Division
 Angled Parking Program
 915 I Street
 New City Hall 2nd Floor,
 Sacramento CA 95814

Email: zlacson@cityofsacramento.org

For questions, please call (916) 808-8494