

## ANGLED PARKING PETITION FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Location for angle parking: \_\_\_\_\_ (Street name)

between \_\_\_\_\_ & \_\_\_\_\_ (Street names)

The street is primarily: \_\_\_\_\_ Residential \_\_\_\_\_ Commercial

If commercial, please answer the following:

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

\_\_\_\_\_

Describe the current parking problems/issues:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you currently have on-site parking? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, how many parking spaces do you have? \_\_\_\_\_

***Please submit the completed form using one of the following options:***

**Via fax:**

Department of Public Works  
Transportation Division  
Fax number: (916) 808-8404  
Attention: Mahesh Bhatt

**Via mail:**

Department of Public Works  
Transportation Division  
915 I Street, Room 2000  
Sacramento, CA 95814  
Attention: Mahesh Bhatt

**Via email:**

[mbhatt@cityofsacramento.org](mailto:mbhatt@cityofsacramento.org)

### ANGLED PARKING PETITION FORM

*Please provide signatures in support of the proposed angled parking below. A minimum of 10 signatures is required. Provide one signature per residential unit or commercial unit. Only residents, property owners and business owners who are directly adjacent to the street where the angle parking is proposed are qualified to sign the petition form.*

	<u>Name</u>	<u>Address</u>	<u>Telephone</u>	<u>email address</u>	<u>Signature</u>
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					