



DEPARTMENT OF
FINANCE

CITY OF SACRAMENTO
CALIFORNIA

915 I STREET,
ROOM 1214
SACRAMENTO,
CA
95814

REVENUE SERVICES DIVISION
www.cityofsacramento.org

PH 916-808-5110
FAX 916-808-5115

Office Use Only

Permits Issued:

Permits Voided:

Please Type or Print

Emergency Permit Application

Business Name: _____ Date: _____

Address: _____ City/State/Zip: _____

Mailing Address (if different): _____ City/State/Zip: _____

Telephone Number: _____ Contact Name: _____

Type of business or service rendered: _____

Number of visits involved: _____ Have you previously been issued a permit? _____

Have you ever been denied a permit or had one revoked? _____ If yes, explain: _____

Vehicle Make _____ Year _____ License No. _____

Vehicle Make _____ Year _____ License No. _____

Vehicle Make _____ Year _____ License No. _____

Vehicle Make _____ Year _____ License No. _____

Vehicle Make _____ Year _____ License No. _____

I acknowledge that the requested permit(s) will be utilized pursuant to Sacramento City Code (SCC). Any Violation of the Parking Permit regulations or applicable SCC section dealing with parking will be sufficient cause for revocation of permits. Permit holders are allowed to park IN THE ALLEY ONLY for as long as it takes to complete their emergency job or service.

Signature: _____ Date: _____