

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?	



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A minimum of 10 signatures is required. One signature per residential unit or commercial unit. Only residents, property owners and business owners that are directly adjacent to the concerned block are qualified to sign the petition form.

Name	Address	Telephone No.	Email Address	Signature



For questions, please call (916) 808-8494

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

