



PLANNING & COMMUNITY ENVIRONMENT



250 Hamilton Avenue, 5th Floor
Palo Alto, CA 94301
650.329.2441

Neighborhood Petition Form

City of Palo Alto Residential Parking Permit Program Request Form

The purpose of this form is to enable neighborhoods to request to be annexed to an existing Residential Preferential Parking area or the initiation of a Residential Preferential Parking Program in accordance with the City of Palo Alto’s adopted Residential Parking Permit Program Policy and Procedures. This form must be filled out in its entirety and submitted with any request to:

The City of Palo Alto
Transportation Department
250 Hamilton Avenue
Palo Alto CA 94301

Feel free to attach additional sheets containing pictures, occupancy maps, additional testimony or additional text if the space provided is insufficient.

1. Requesting Individual’s Contact Information

Name: _____
Address: _____
Phone Number: _____
Email: _____

2. Please describe the nature of the overflow parking problem in your neighborhood.

- 1. What streets in your neighborhood do you feel are affected by overflow parking?**
- 2. How often does the overflow occur?**
- 3. Does the impact vary from month to month, or season to season?**

3. Can you identify a parking impact generator that is the cause of overflow parking in the





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neighborhood? Are there any facilities (churches, schools, shopping centers, etc.) near this location that generate a high concentration of vehicle and pedestrian traffic? Please list your understanding of the causes:

4. Please describe how a Residential Parking Permit Program will be able to eliminate or reduce overflow parking impacting the neighborhood. Please include your suggestion for the boundary of the program:

5. Is there neighborhood support for submittal of this Residential Parking Permit Program application? Have you contacted your HOA/Neighborhood Association?



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Neighborhood Petition Form (Street by Street Basis)

THE UNDERSIGNED BELOW AGREE TO THE FOLLOWING:

1. All persons signing this petition do hereby certify that they reside on the following street, which is being considered for residential preferential parking: _____

2. All persons signing this petition do hereby agree that the following contact person(s) represent the neighborhood as facilitator(s) between the neighborhood residents and City of Palo Alto staff in matters pertaining to this request:

Name: _____ Address: _____ Phone #: _____
Name: _____ Address: _____ Phone #: _____
Name: _____ Address: _____ Phone #: _____

ONLY ONE SIGNATURE PER HOUSEHOLD

Name (Please Print)	Address	Phone Number	Signature
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
11. _____	_____	_____	_____
12. _____	_____	_____	_____
13. _____	_____	_____	_____
14. _____	_____	_____	_____
15. _____	_____	_____	_____
16. _____	_____	_____	_____
17. _____	_____	_____	_____
18. _____	_____	_____	_____
19. _____	_____	_____	_____
20. _____	_____	_____	_____
21. _____	_____	_____	_____
22. _____	_____	_____	_____
23. _____	_____	_____	_____



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- 24. _____
- 25. _____
- 26. _____
- 27. _____
- 28. _____
- 29. _____
- 30. _____
- 31. _____
- 32. _____
- 33. _____
- 34. _____
- 35. _____
- 36. _____
- 37. _____
- 38. _____
- 39. _____
- 40. _____

