

CITY OF SALINAS
Finance Department
200 Lincoln Avenue
Salinas, CA 93901
Phone (831) 758-7211



Replacement Residential Parking Permit Application

All personal information you provide here will be used for internal purposes by the City of Salinas only, such as confirming, tracking, and verifying your order, as well as to notify you of any parking updates, policy changes or construction in your area. **Information provided on this application is never disclosed or distributed to outside parties.**

Please provide all information requested and print clearly.

Fees for replacement permits may apply. Please speak with a Finance Cashier for more information.

1. NAME OF RESIDENT: _____
(Last) (First) (MI)
2. EMAIL ADDRESS: _____

REPLACEMENT PERMIT TYPE REQUIRED:

- Annual Resident Permit
- Annual Guest Permit

REASON FOR REPLACEMENT:

- Stolen: Police Report # _____ Date Police Report was submitted: _____
In order to receive a replacement at no cost, a police report must be filed for all stolen permits.
- Lost: Estimated Date of Loss? _____ How was it lost? _____
- Destroyed: How/when was your permit destroyed? _____
- Never Received permit(s)
- Change of Vehicle: Please complete section # 3.

For replacements required for destroyed permits or change of vehicle, the original permit(s) must be returned to the City prior to reissuance of a new permit. If the permit was lost or stolen or otherwise no longer in your possession, please note that if the permit is found in use on another vehicle, you may be contacted for follow-up. If you report your permit lost, stolen or never received, are issued a replacement, and then later find or receive the permit, you MUST return it to the city immediately. This permit is no longer valid. If this permit is found in use on any vehicle, the vehicle will be issued a citation and you may face revocation of permit privileges.

3. VEHICLE INFORMATION: PLEASE COMPLETE THIS SECTION FOR ANNUAL RESIDENT PERMIT REPLACEMENTS ONLY.

If you are requesting a replacement permit for a new vehicle, Vehicle Registration and Proof of Insurance for the new vehicle must be provided and verified prior to order approval.

Vehicle 1

LICENSE PLATE # _____
STATE OF REGISTRATION _____
VEHICLE MAKE _____
MODEL _____
YEAR _____
COLOR _____

BY SIGNING BELOW, I CERTIFY OR DECLARE THAT THE ABOVE STATEMENTS AND ANSWERS CONTAINED HEREIN ARE TRUE AND CORRECT AND THAT I HAVE READ, UNDERSTAND AND AGREE TO THE POSTED TERMS & CONDITIONS. PROOF OF FRAUDULENT APPLICATION WILL RESULT IN IMMEDIATE DENIAL AND/OR REVOCATION OF PERMIT.

(APPLICANT'S SIGNATURE)

(DATE)

FOR OFFICE USE ONLY APPROVED _____ DENIED _____ OFFICER _____ DATE _____

IF APPROVED, TOTAL AMOUNT CHARGED _____ REMARKS _____