

# RESIDENTIAL PARKING PERMIT APPEAL FORM

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

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

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

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

Does your residence have an existing driveway? YES  NO

Does your residence have a garage or covered off-street parking? YES  NO

Have you ever received a Residential Parking Permit for this residence? YES  NO

Approx. Year: \_\_\_\_\_

Has there been any city construction or other alterations that prohibits street parking? YES  NO

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Has your property had any alterations to remove off-street parking? YES  NO

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Does your street have any other restrictive street parking? YES  NO

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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Office Use Only:  
APPROVED  DENIED