



Residential 10 Minute Parking Zone Application

Rev.20191223

CONTACT INFORMATION

Applicant name: _____
 Washington state disabled parking permit number if applicable: _____
 Mailing address: _____
 Phone number: _____
 Email address: _____

LOCATION INFORMATION

Location of requested parking change: _____

If you are not the property owner, please attach a letter of support from your landlord stating that we have permission to place the sign adjacent to their property.

APPLICATION DETAILS

Please provide at least one to two paragraphs to help justify why you need a 10 minute parking zone in the requested area (add additional sheets if necessary).

Full name (please print)

Signature

Date

Applications can be submitted by email to ParkSpokane@SpokaneCity.org, turned in at the Development Services Center desk during regular business hours, or can be mailed to the address below.