Parking Restriction Request Application

Contact information (Please type or print clearly):

Name ____________________________________________
Address__________________________________________
City ______________________________________________
Telephone ____________________________ Email Address ________________________

Site Information (if different from address):
Please also include a map depicting the request
Street Address or Nearest Intersection:
_________________________________________________________________________

Brief Statement of Problem:
_________________________________________________________________________
_________________________________________________________________________

Parking Restriction Requested: (check one of the following)
☐ Time Limited Parking ________ hrs or ________ minutes
☐ No Parking
☐ Time Restricted Parking. (Please specify time from ________ to ________)
☐ Disabled Parking
☐ Loading Zone. (Please specify time from ________ to ________)
☐ No Oversized Vehicle Parking (No vehicles over 6ft)

For Office Use Only

☐ Site Visited
☐ GIS Map reviewed and updated as required
☐ Staff ☐ approved ☐ denied because ________________________________

☐ Fee Paid by Applicant. Amount $______ ☐ Cash ☐ Check #______
(Fee Rates: $69 per location + $10 per foot to be paid by applicant upon approval by
Board of Supervisors)
☐ Board Approval Date ____________________________

Send to 752 Chestnut St. Redwood City, CA 94063 Or email DPW_Traffic@smgov.org