

City of Burbank

Community Development Department Transportation Division 150 N. Third St., Burbank, California 91502 (818) 238-5290 | Parking@burbankca.gov https://Parking.burbankca.gov

RESIDENTIAL PARKING PERMIT AFFIDAVIT

(P.O. BOX)

Today's Date:		
l,	reside at	
	irm that the following vehicle (LPN)	
my residential address due	to one or more of the following reasons (plea	se select all that are
applicable):		
Mail theft		
☐ DMV-designated co	onfidential plate	
Other security con	cern (please specify):	
P.O. Box Address where ve	hicle is registered:	
I understand that, per City	of Burbank Municipal Code 6.1.1003, when ap	plying for a residential permit,
the address of vehicle regis	tration must coincide with the residence addre	ess of applicant. However, due
to circumstances out of my	control I cannot register said vehicle to my res	sidential address. I confirm tha
the vehicle in question is u	nder my possession and parking privileges are	solely for my residential use.
I understand that I must m	eet all other program requirements to apply fo	or the permits as specified.
I understand that any misro priviliges.	epresentation of this information could entail r	revocation of parking permit
Applicant Signature		
Applicant Printed Name		