



**City of Puyallup
RESIDENTIAL VEHICLE
4 HOUR PARKING ZONE PERMIT
APPLICATION**

OWNER

Name: _____

Address: _____

City St Zip: _____

Contact No: _____

Email: _____

APPLICANT

Name: _____

Address: _____

City St Zip: _____

Contact No: _____

Email: _____

Property Address: _____

No. of vehicles registered to site address: _____

Each household is entitled to 2 residential decals.

Please attach a copy of each current vehicle registration certificate that is registered at the downtown address. Bring the application and supporting documents to the Permit Center, 2nd floor inside City Hall, from 9am-3pm M-F or send via email to rbuck@puyallupwa.gov.

CERTIFICATION:

I certify that I have read this application and declare under penalty of perjury that the information contained herein is correct and complete.

Signature of Applicant: _____ Date _____

City of Puyallup
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www.cityofpuyallup.org