



City of Puyallup
BUSINESS
4 HOUR STREET PARKING PERMIT
APPLICATION

OWNER

Name: _____

Address: _____

City St Zip: _____

Contact No: _____

Email: _____

APPLICANT

Name: _____

Address: _____

City St Zip: _____

Contact No: _____

Email: _____

City Business License No.: _____

Business Name: _____

No. of Employees: _____

Business Address: _____

Names of employees requiring parking permits:

Submit completed application via email or fax to rbuck@puyallupwa.gov.

Available to employees and business owners along West Stewart, west of N Meridian.

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
333 S Meridian | Puyallup | WA 98371
Tel: (253) 841-4321 | Fax: (253) 840-6678
www.cityofpuyallup.org