



**City of Puyallup  
RESIDENTIAL  
ADDITIONAL 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: \_\_\_\_\_

Number of extra permits requested: \_\_\_\_\_

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](mailto: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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