



Town of Hillsborough

1600 Floribunda Ave
Hillsborough, CA 94101-6418
<http://www.hillsborough.net>

All Night Parking Permit Form

Applicant Name: _____

Applicant Address: _____ Hillsborough, CA 94101

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Reason for Permit Request: _____

Today's Date: _____ Date(s) requested: _____ to _____

Vehicle Information

Color	Make	Model	License Plate

H.M.C. 10.32.230 Section B: Where the owners of vehicles do not have and cannot obtain suitable storage or parking facilities, permits for all night parking during the time between two a.m. and six a.m. may be issued by the Chief of Police. The application for a permit shall be signed by the applicant, shall state the make, model and license number of the vehicle and shall contain a statement of the reasons for the permit. Upon investigation and approval, the Chief of Police may issue the permit for a period not to exceed six months.

Approved Denied Expiration Date: _____ Permit #: _____

Approved or Denied by: _____ Date: _____

Extension Date(s) requested: _____ to _____

Approved Denied Expiration Date: _____

Approved or Denied by: _____ Date: _____

Notes: _____