



**City of Puyallup
2020 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 to Robyn Buck: rbuck@ci.puyallup.wa.us.

Parking decals are valid in 4 hour zones only.

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