# Parking Restriction Petition

We the residents of _____hereby request, “No Parking Anytime” be installed on the _____(N/S/E/W) side of the street.

CONTACT NAME_____ phone _____

CONTACT ADDRESS: _____

| NAME/SIGNATURE | ADDRESS | PHONE NUMBER |
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**One signature per address only. Petition must have a minimum of 70% of the addresses in this block prior to implementation.**

| NAME/SIGNATURE | ADDRESS | PHONE NUMBER |
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