Department of Transportation
Mobility Division
1685 Main Street –City Hall East
Santa Monica, California 90401
tel: 310/458-8291 • fax: 310/576-9170
transportation.planning@santamonica.gov

Date _____

___TNP -_____

Purpose (Length in feet)	Moving Truck, Video Game Truck, Limo, etc. (30 ft Minimum)
Paid By (print name)	Name of the person making the actual payment
Permittee/Company Name	Person or company on behalf of whom payment is made
Street Address	...of responsible party after the move
City / State / ZIP Code	...of responsible party after the move
Daytime Telephone Number	...of responsible party posting the signs
Email	...of responsible party

LOCATION 1 Address (number + street):	Address where the vehicle will park, required						
Street Name of Parking Location	e.g., east side of xx Street south of xx Blvd						
Meter Numbers							
Date(s) Effective							
Mark Day(s) of Week	☐ Sun	☐ Mon	☐ Tue	☐ Wed	☐ Thur	☐ Fri	☐ Sat
Hours	e.g. 8 AM- 6 PM or Noon to Midnight (do not write 12 AM or 12 PM)						

Staff to Complete

Account 01225.400300 _____ Days x_____ Meters x _____ Hours x $ _____/Hour = $ _____

LOCATION 2 Address (number + street):	Where the vehicle will park second, if needed						
Street Name of Parking Location	e.g., east side of xx Street south of xx Blvd						
Meter Numbers							
Date(s) Effective							
Mark Day(s) of Week	☐ Sun	☐ Mon	☐ Tue	☐ Wed	☐ Thur	☐ Fri	☐ Sat
Hours	e.g. 8 AM- 6 PM or Noon to Midnight (do not write 12 AM or 12 PM)						

Staff to Complete

Account 01225.400300 _____ Days x_____ Meters x _____ Hours x $ _____/Hour = $ _____

LOCATION 3 Address (number + street):	Where the vehicle will park third, if needed						
Street Name of Parking Location	e.g., east side of xx Street south of xx Blvd						
Meter Numbers							
Date(s) Effective							
Mark Day(s) of Week	☐ Sun	☐ Mon	☐ Tue	☐ Wed	☐ Thur	☐ Fri	☐ Sat
Hours	e.g. 8 AM- 6 PM or Noon to Midnight (do not write 12 AM or 12 PM)						

Account 01225.400300 _____ Days x_____ Meters x _____ Hours x $ _____/Hour = $ _____

Temporary No Parking Signs Account: 01267.400601	_____ Signs @ $2.04 / Sign = $ _____ _____@ $107.75 Application Fee = $_____
Miscellaneous Charges (specify)	_____ = $ _____

Staff to Complete

Account number		Total paid $ _____

Revised 01 JULY 25

Waived by:_____ Received by MD Staff _____