



CITY OF WEST SACRAMENTO
DEPARTMENT OF PUBLIC WORKS
1110 WEST CAPITOL AVENUE
WEST SACRAMENTO, CA 95691
PHONE - 916-617-4589
FAX - 916-373-9006

E-MAIL - UTILITY@CITYOFWESTSACRAMENTO.ORG

PROOF OF RESIDENCY REQUIRED **
\$5 PER VISITOR PARKING PERMIT ISSUED

VISITOR PERMIT APPLICATION
LIMIT 2 PER RESIDENTIAL ADDRESS

DATE OF APPLICATION: _____

RESIDENT'S NAME (S) _____

PARKING ADDRESS _____

PHONE NUMBER _____

E-MAIL ADDRESS _____

** ONE OF THE FOLLOWING: CURRENT LEASE; DRIVER'S LICENSE WITH RESIDENCY ADDRESS;
CURRENT BILL WITH RESIDENT NAME AND RESIDENCY ADDRESS; VEHICLE REGISTRATION WITH RESIDENT
NAME AND RESIDENCY ADDRESS

DO NOT WRITE BELOW THIS LINE

Visitor Parking Permit # _____

Visitor Parking Permit # _____

Proof of Residency Verified _____