CITY OF REDONDO BEACH
PARKING METER PERMIT APPLICATION

DATE: ____________________________ PERMIT # ____________________________

TRANSACTION ID # __________________

PERMITS WILL BE ISSUED TO
CURRENTLY REGISTERED CALIFORNIA VEHICLES ONLY

Please Print:
NAME: ____________________________ LICENSE PLATE NO: ____________________________
ADDRESS: ____________________________ CITY: ________________ ZIP CODE: ________________
HOME PHONE: ________________________ BUSINESS PHONE: ________________________

I have received a copy of the Parking Meter Permit rules and I agree to follow the rules governing the use
of the City of Redondo Beach Permit Program.

☐ I acknowledge the 4-hour time limit at the parking meters in the Riviera Village Area
identified by signs on meter poles.

☐ I acknowledge in order to obtain a replacement permit due to a new vehicle or vehicle
damage I must remove the permit and bring in to Parking Enforcement office.

ISSUED BY: ____________________________ SIGNATURE OF APPLICANT

Please indicate if you would like to receive an email or postcard for next year’s parking meter permit
notification: POSTCARD ☐ OR EMAIL ADDRESS: ____________________________

------------------------------------------------------PLEASE CUT HERE-----------------------------------------------------

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