



200 East Santa Clara Street, 8th floor, San Jose, Ca, 95113-1905 Tel: (408) 535-3850 Fax: (408) 292-6090 Email: DOTpermits@sanjoseca.gov

VERIFICATION OF TENANT RESIDENCY / RESIDENTIAL PERMIT PARKING (RPP) PROGRAM

ADDRESS (include unit #):		
CITY:	STATE:	ZIP:
	General Information	
Residents in Residential Permit Parking obtain a parking permit. Every renew requirements stated on the back of the of a rental or lease agreement.	al period, if a tenant does not meet the	ne other proof of residency
Owner or property management agent tenant (s) (max of 4 tenants can be list to bring into our office. Only a comple landlord letter, faxes, photo copies, er	ted) requiring a parking permit. This ted form with a wet ink signature will	form must be given to the tenant(s) be accepted. Tenant listings,
	Owner / Management Information I	
•	ETED BY THE OWNER/MANANAGE	EMENT AGENT)
Assessor's Parcel Number:		
Name of Owner/Management Agent:		
Owner/Management Agent Address:		
Owner/Management Agent Phone:		
	Tenant(s) Information Required	
(TO BE COMPLI	ETED BY THE OWNER/MANANAG	EMENT AGENT)
Name(s) of tenant(s):		
Phone:	Move in	date:
(Please list former tenant(s) if you	wish to have prior permits issued	cancelled)
NAME OF FORMER TENANT(S):		,
I understand that if the tenant(s) move from th Transportation before new permits can be isst owner/management agent of the above prope a current tenant(s) of this address.	ued to this address. I hereby certify, under th	e penalty of perjury, that I am the
Owner/Management Agent Signature	:	Date: