

36

# Application for Restricted Parking Zone (RPZ) Permits

Zone 36 expires February 28<sup>th</sup> of even numbered years



**Seattle**  
Department of  
Transportation

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Email \_\_\_\_\_

☐ Check here if you would like to receive your 15-day temporary permits via email. **REQUIRES A PRINTER**

| Item   | Make | Model | Color | License | Cost    | Enter Cost |
|--|------|-------|-------|---------|---------|------------|
| <b>Decal #1</b>  |      |       |       |         | \$95.00 | \$         |
| <b>Decal #2</b>  |      |       |       |         | \$95.00 | \$         |
| <b>Decal #3</b>  |      |       |       |         | \$95.00 | \$         |
| <b>Decal #4</b>  |      |       |       |         | \$95.00 | \$         |
| <b>Guest Permit</b><br>(1 per household)   | N/A  | N/A   | N/A   | N/A     | \$95.00 | \$         |
| <b>Guest Permit Only</b><br>(You have off street parking and do not need a sticker for your car or you do not own a vehicle) | N/A  | N/A   | N/A   | N/A     | \$95.00 | \$         |
| TOTAL ENCLOSED   |      |       |       |         |         | \$         |

Please bring or mail the following:

- ☒ **This application form, completed and signed.**
- ☒ **Current proof of residency** showing your name and address, dated within the last 30 days. This can be a bill, bank statement, lease or rental agreement, rent receipt, or any properly dated business type mail other than mail from our office.
- ☒ **A copy of your current Washington State Vehicle Registration.** The vehicle must be registered in your name and at your address. You may update your address at: <http://www.dol.wa.gov/vehicleregistration/address.html#address> . (Not necessary if getting a guest permit only)
- ☒ **Check or Money Order**, made out to the City of Seattle. If applying in person, we also accept cash, Visa and Mastercard. **Permit fees are non-refundable.**

The information I have provided on this form is accurate and true to the best of my knowledge. By signing this document I am indicating that I have read and will comply with the rules and regulations (listed on the back of this sheet).

**Applicant's signature** \_\_\_\_\_ **Date** \_\_\_\_\_ **Day Phone** \_\_\_\_\_

**BY MAIL:**  
ATTN: Traffic Permits  
Seattle Dept of Transportation  
P.O. Box 34996  
Seattle, WA 98124-4996

**IN PERSON:**  
Seattle Municipal Tower  
4th floor Service Kiosk  
700 5<sup>th</sup> Ave.  
Seattle, WA 98104

**QUESTIONS:**  
Phone: (206) 684-5086  
Fax: (206) 684-5085  
E-mail: [rpzinfo@seattle.gov](mailto:rpzinfo@seattle.gov)

For additional information please visit our website at: [www.seattle.gov/transportation/parking/parkingrpz.htm](http://www.seattle.gov/transportation/parking/parkingrpz.htm)