



Residential Parking Program Application | Zones 1, 2, and 3

Please print clearly, attach all required documents and submit by mail to City of Olympia Customer Service, PO Box 1967, Olympia, WA 98507, or bring to Olympia City Hall, 601 4th Ave E, Olympia, WA.

Office
Use
Only

Last: _____
Zone/Permit #: _____

First: _____
Exp.: _____

Temp Until: _____
TTrack Acct. #: _____

Parking Permit Holder Information

Last Name: _____ First Name: _____ MI: _____

Phone: _____ Email: _____

Home Address: _____
City State Zip

Billing Address: _____
City State Zip

Vehicle #1 Information

Vehicle #2 Information

Make: _____ Model: _____ Make: _____ Model: _____

Year: _____ Color: _____ Year: _____ Color: _____

License Plate: _____ State: _____ License Plate: _____ State: _____

VIN: _____ VIN: _____

Olympia City Code requires that any resident applying for a Residential Parking Permit in zones 1, 2, and 3 (South Capitol Neighborhood) submit these affidavits. (OMC 10.16.055.C). Any program participant found to be in violation of this statement will be removed from the program.

Section 1. Affidavits to be signed by the applicant.

- a. I declare under penalty of perjury punishable under the laws of the State of Washington that I am a resident at the following address, which is in the City of Olympia Residential Parking Program Zones 1 or 2 or 3:

Residential Address

Zip Code

- b. I swear that if a business is being run at the address listed above, for which a Residential Parking Permit is being requested, that all applicable Home Occupation Permits required pursuant to the regulations of the Olympia Municipal Code have been previously obtained and are current.

Signature of Applicant

Date