COUNTY OF LOS ANGELES
DEPARTMENT OF BEACHES AND HARBORS

ANNUAL BEACH PARKING PASS APPLICATION AND PERMIT

DATE: ____/____/____ **PARKING LOT LOCATION: White Point/Royal Palms or Grand Avenue**

NAME: _____
LAST FIRST INITIAL

ADDRESS: _____
NUMBER STREET NAME APT. NO.

_____
CITY ZIP CODE

HOME PHONE: _____ WORK PHONE: _____

LICENSE PLATE #: _____ VEHICLE YEAR: _____

VEHICLE MAKE/MODEL: _____ VEHICLE COLOR: _____

I, HEREBY SWEAR, UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS CORRECT AND THAT THE APPLICANT RESIDES AT THE ADDRESS ABOVE AND THAT THE ABOVE REFERENCED VEHICLE IS REGISTERED TO THE APPLICANT. FURTHER, BY SIGNING THIS STATEMENT I UNDERSTAND THAT ONLY THE VEHICLE LISTED ABOVE IS VALID FOR THIS PARKING PERMIT.

_____
SIGNATURE OF APPLICANT

DATE THIS _____ DAY OF _____ 20 _____

THIS FORM MA Y BE SUBMITTED BY MAIL OR IN PERSON TO:

PARKING CONCEPTS, INCORPORATED
14110 PALAWAN WAY
MARINA DEL REY, CA 90292
310-821-1081

Payment Method: CASH CHECK

CHECK #_____

PERMIT # _____

ISSUED BY:_____

FOR OFFICE USE ONLY