CITY OF LITTLE ROCK

PETITION FOR PARKING RESTRICTION

Date: _____

This petition is for the installation of **"No Parking"** signs along _____ (Street) _____ (from) _____ (to) _____ (side). We, the residents of the above named street state our preference concerning the installation of No Parking signs. We understand that implementing parking restrictions requires support from at least 75% of the residents.

Note: Signatures of ALL residents on the affected street must be obtained (whether *for* or *against*)
Signature must be of the property owner or authorized representative.
Only one signature per household allowed.

Name/Address of the person representing the neighborhood:_____

_____

_____Phone:_____

Reason for the request:_____

_____

_____

_____(use additional pages if needed)

Return ***originals*** to: **Traffic Control Center**
Attn: Greg Clay
621 S. Broadway
Little Rock, AR 72201

(Check One)

Signature	Printed Name	Address	Owner? (Y/N)	For	Against

(Check One)

Signature	Printed Name	Address	Owner? (Y/N)	For	Against

(If extra space is needed, make copies of this page)