Public Works Services Department 455 N. Rexford Drive Beverly Hills, CA 90210-4817



Phone (310) 285-2500 Fax ( 310) 858-5965 parking@beverlyhills.org

## **AUTHORIZATION TO DRIVE**

IN ORDER TO COMPLETE THE PROCESS FOR AN OVERNIGHT PARKING PERMIT, ALL OF THE INFORMATION BELOW MUST BE COMPLETED BY THE REGISTERED OWNER OF THE VEHICLE. PLEASE PROVIDE A CURRENT COPY OF REGISTERED OWNER'S DRIVERS LICENSE. PLEASE TYPE OR PRINT CLEARLY.

To whom it may concern:	
I	hereby authorize
(Print your name)	·
to	, who resides
(Print resident's name)	
at	fornia State Registered Vehicle, license plate
to drive and be in possession of my Cali number	fornia State Registered Vehicle, license plate
This vehicle is <u>permanently</u> in possessic overnight parking permit applied for and	on of the said resident for the duration of the is their only vehicle.
For verification I can be reached at (	(Daytime Telephone)
	t all statements provided herein are true and and that falsified statements may result in the on permitted by law.
Signature of Registered Owner	Date
Current address	
Signature of Permit Applicant	