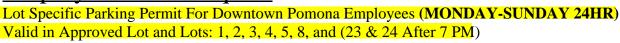
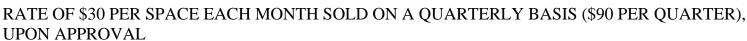
THE CITY OF

POMONA

Vehicle Parking District Commission

Employee Lease Request





REQUIRED APPLICATION MATERIALS

APPLICANT INFORMATION

- 1. You must be a employee within Downtown Pomona in order to qualify
- 2. A copy of the following will be required to be submitted with this application:
 - Proof of Employment (one of the following): Two Current Pay Check Stubs, W-2 Form or Employee Badge
 - Photo I.D.

DATE:/			
LAST NAME:	FIRST NAME:		
CITY OF RESIDENCE:	ZIP CODE :		
BUSINESS ORGANIZATION :			
BUSINESS ADDRESS:			
DESIRED LOT NO.:			
DESIRED DATE TO BEGIN PARKING: _			
Applicant Signature:			
PARKING IS AVAILABLE ON A FIRST-COME FIRST-SERVE BASIS AND IS NOT GURANTEED. ALL LEASE REQUESTS ARE REVIEWED BY THE VPD STAFF FOR APPROVAL AFTER SUBMISSION. ALL APPROVED OR DENIED LEASE REQUESTS ARE PRESENTED TO THE VPD COMMISSION FOR CONSENT AT THE MONTHLY VPD MEETING HELD ON THE 2ND THURSDAY OF EACH MONTH AT 6:00 P.M. IN THE POMONA COUNCIL CHAMBER. PLEASE BE AWARE THAT LEASE RATES ARE NONREFUNDABLE AND NOT PRORATED.			
VPD REVIEW DECISION			
APPROVAL RecommendedAPPROVED W/ CONDITION RecorDENIED Recommended	By: nmended Signatur	Date:/	
APPROVED APPROVED W/ CONDITION DENIED	By:	Date:/	
Comments for approval/denial:			
Discount His six D	ity Hell Vehicle Perking District at 505 S. Co	Date: Initial:	

THE CITY OF

POMONA

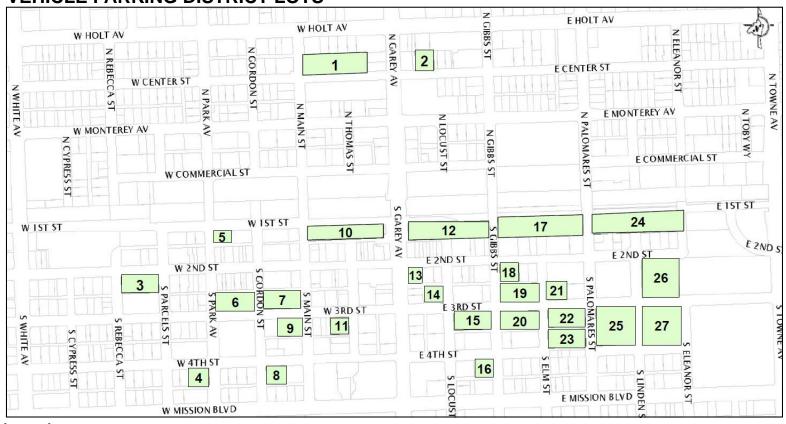
Vehicle Parking District Commission

Employee Lease Applicant Contact Information Valid in Approved Lot and Lots: 1, 2, 3, 4, 5, 8, and (23 & 24 After 7 PM) (MONDAY-SUNDAY 24HR)

APPLICANT CONTACT INFORMATION

DATE:/			
LAST NAME:	FIRST NAME:		
HOME/BILLING ADDRESS:			
CITY: ———— STATE:	ZIP CODE:		
PHONE NO.:	_ E-MAIL.:		
ALTERNATE PHONE NO.:	_FAX NO.:		
VEHICLE DESCRIPTION (Make, Model, Color, Year):			
LICENSE PLATE NO.:			
Applicant Signature:			

VEHICLE PARKING DISTRICT LOTS



Legend

VPD LOTS