

THE CITY OF  
**POMONA**

Vehicle Parking District Commission

**Residential Lease Request**

**VPD Lots 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12 & 15**



**RATE OF \$10 PER SPACE EACH MONTH SOLD ON A QUARTERLY BASIS  
(\$30 PER QUARTER), UPON APPROVAL**

**REQUIRED APPLICATION MATERIALS**

- 1. You must be a Downtown Pomona Resident in order to qualify**
- 2. A copy of the following will have to be turned in with this application:**
  - **Signed Lease Agreement**
  - **Photo I.D.**

**APPLICANT INFORMATION**

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

CITY OF RESIDENCE: \_\_\_\_\_ ZIP CODE : \_\_\_\_\_

DESIRED LOT NO.: \_\_\_\_\_ LOCATION: \_\_\_\_\_

NUMBER OF SPACES: \_\_\_\_\_ ALTERNATE LOT: \_\_\_\_\_

PLEASE SPECIFY PRECISE REASON FOR YOUR REQUEST: \_\_\_\_\_  
*(i.e. Commuter, Business Owner, Student, Employee, Resident, etc.)*

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 Recommended                      By: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 \_\_\_\_ APPROVED W/ CONDITION Recommended                      Signature  
 \_\_\_\_ DENIED Recommended

\_\_\_\_ APPROVED                      By: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 \_\_\_\_ APPROVED W/ CONDITION                      Signature  
 \_\_\_\_ DENIED

Comments for approval/denial: \_\_\_\_\_

<b>VPD STAFF ONLY</b>
Num. Of Permits Renewed:
Date:                      Initial:



# Residential Lease Applicant Contact Information

VPD Lots 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12 & 15

## APPLICANT CONTACT INFORMATION

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

BILLING/HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_ E-MAIL.: \_\_\_\_\_

ALTERNATE PHONE NO.: \_\_\_\_\_ FAX NO.: \_\_\_\_\_

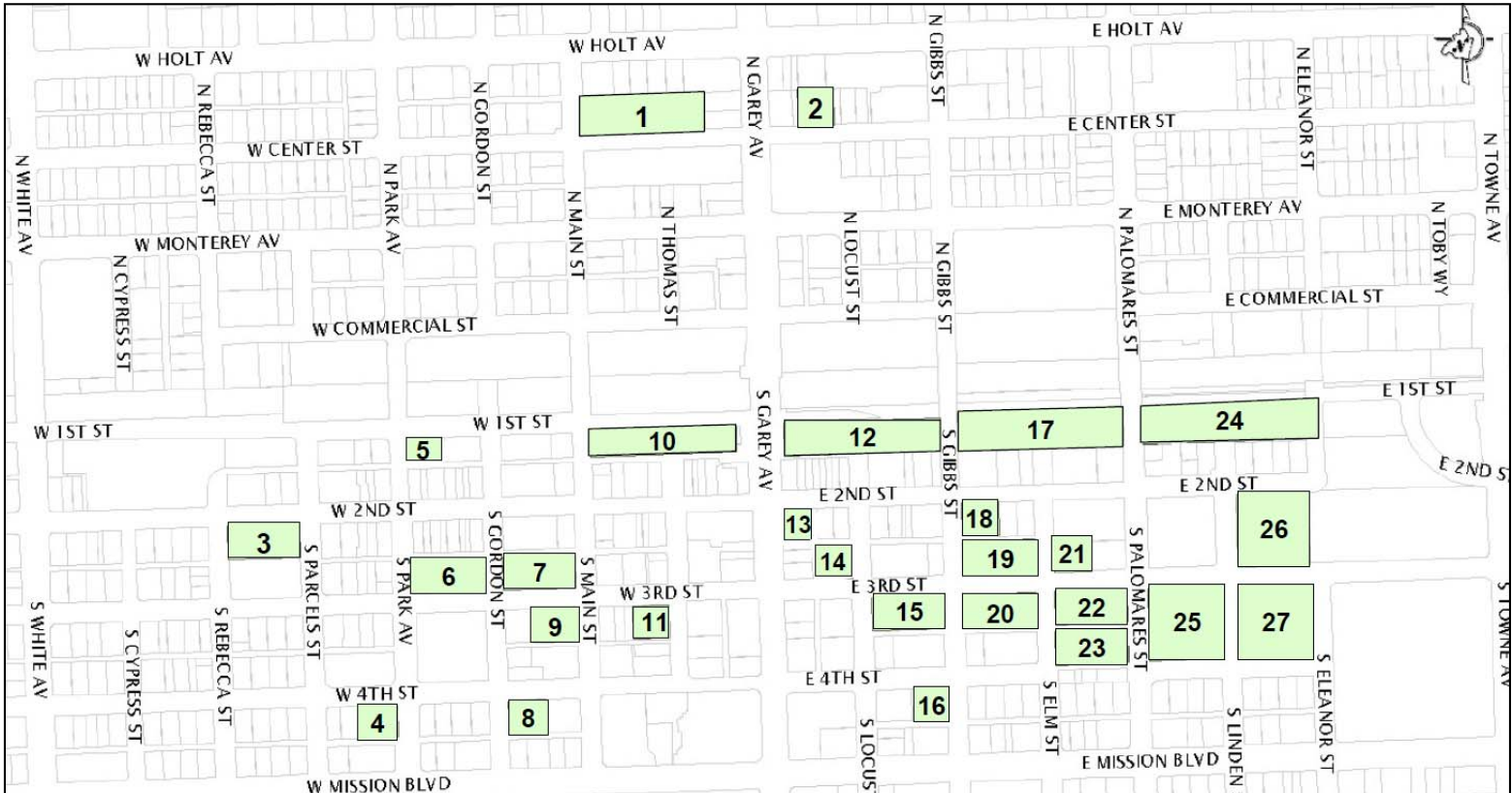
VEHICLE DESCRIPTION (Make, Model, Year, Color): \_\_\_\_\_

LICENSE PLATE NO.: \_\_\_\_\_

*Please list additional information below the Applicant Information if there is more than one vehicle, etc.*

Applicant Signature: \_\_\_\_\_

## VEHICLE PARKING DISTRICT LOTS



**Legend**  
 VPD LOTS