PROPERTY ADDRES	S:		, R	Rolling Hills Estates, C	CA 90274
PROPERTY OWNER	OR OCCUPAN	T NAME:			
PHONE No.:	E-mail Address:				
		VEHICLE INFORMATIO	ON		
Vehicle #1					
YEAR:	MAKE:	N	MODEL:		
LICENSE PLATE#: _	REGISTERED TO:				
Vehicle #2					
YEAR:	MAKE:		MODEL:		
		REGISTERED TO:			
Per RHEMC Section 1	0.24.090 (B)(1)	– All Night Parking			
Permits allowing all nig of time required by the		hicles may be issued by the ows:	city manage	r dependent upon the	length
	itional five-day p	e days without application or periods not more than twice			
	(u	DATES NEEDED up to 15 days per calendar y	vear)		
FROM:		TO:			
PLEASE E-M	MAIL THIS FO	RM TO CAROLC@ROLI	LINGHILLS	SESTATES.GOV	
		FOR OFFICE USE ONL			
		F DENIED, REASON:			
		PERMIT #: _			
COMMENTS:					