TOWN OF LOS GATOS CLERK DEPARTMENT

110 E. MAIN STREET
LOS GATOS, CA. 95030

CHANGE FORM

RESIDENTIAL PERMIT PARKING DISTRICTS

VEHICLE AND PERMIT CHANGES

Parking Districts

A Almond Grove
B Broadway
E Edelen/University
L Leroy
O Olive
V Bella Vista/Jackson

Please indicate your parking district:

Date:____/____/____

Property Address:_____Apt/Unit:_____

Applicant(s)
1. Last:_____ First:_____
2. Last:_____ First:_____

Daytime Phone:_____
Evening Phone: _____
Alternate Phone: _____

NOTE: **Please present vehicle registration when you add a vehicle**	FOR OFFICE USE ONLY
☐ DELETE ☐ ADD PRIMARY VEHICLE ☐ YES ☐ NO	
Make & model of vehicle:_____ VIN#_____ Year:_____ Color:_____ License #:_____	Permit #:_____ Paid: $_____
☐ DELETE ☐ ADD PRIMARY VEHICLE ☐ YES ☐ NO	
Make & model of vehicle:_____ VIN#_____ Year:_____ Color:_____ License #:_____	Permit #:_____ Paid: $_____
☐ DELETE ☐ ADD PRIMARY VEHICLE ☐ YES ☐ NO	
Make & model of vehicle:_____ VIN#_____ Year:_____ Color:_____ License #:_____	Permit #:_____ Paid: $_____
☐ DELETE ☐ ADD PRIMARY VEHICLE ☐ YES ☐ NO	
Make & model of vehicle:_____ VIN#_____ Year:_____ Color:_____ License #:_____	Permit #:_____ Paid: $_____

STOLEN/LOST/DAMAGED PERMIT	PERMIT REPLACEMENT NUMBER	STOLEN/LOST $25.00 DAMAGED $10
Stolen or Lost: Old permit #_____	Replacement Permit #_____	Amount Paid: $_____
Stolen or Lost: Old permit #_____	Replacement Permit #_____	Amount Paid: $_____
Damaged Permit: Old permit #_____	Replacement Permit #_____	Amount Paid: $_____