CITY OF LITTLE ROCK

PETITION FOR PARKING RESTRICTION

Date: _____

This petition is for the installation/removal of **"No Parking"** signs along _____
(Street Name)

from _____ to _____ on the _____ side(s).
(intersecting streets or block #s) (North, South, East, West, both)

We, the property owners on the above named street, state our preference concerning the above Parking request.

We understand that changing these parking restrictions requires support from <u>at least</u> 75% of the property owners.

NOTES:

- Property owners on both sides to be notified and included towards 75% requirement
- Please make efforts to get signature of all property owners, whether for or against.
- Signature must be of the property owner or authorized representative.
- **Only one signature** allowed per property.
- Restrictions implemented (or removed) as a result of this petition will remain in force for at least one year. Any change after this one-year period will require a new petition.

Name/Address of the person representing the Street: _____

_____

_____Phone:_____

Reason for the request:_____

_____

_____

_____(use additional pages if needed)

Return ***originals*** to:

Traffic Control Center
Attn: Greg Clay
621 S. Broadway
Little Rock, AR 72201

(Check One)

Signature	Printed Name	Address	Owner? (Y/N)	For	Against

(Check One)

Signature	Printed Name	Address	Owner? (Y/N)	For	Against

(If extra space is needed for more signatures, please make copies of this page)