



**FOR OFFICE USE ONLY**

Request received on: \_\_\_\_\_  
Sign Location marked YES / NO  
Installed by: \_\_\_\_\_  
Date of installation \_\_\_\_\_  
Approved by Parking Director: \_\_\_\_\_

**SIGNAGE REQUEST**

(No sign will be installed without this form)

     **RESTRICTED PARKING**

Specify: \_\_\_\_\_

     **NO DUMPING ALLOWED**

**STREET ADDRESS AND/OR LEGAL DESCRIPTION:**

\_\_\_\_\_  
\_\_\_\_\_

I ATTEST THAT I AM THE OWNER OF THE ABOVE REFERENCED PROPERTY AND I HEREBY REQUEST AND AUTHORIZE THE CITY OF CORAL GABLES TO POST SIGNAGE ON THE ABOVE DESCRIBED PROPERTY AND TO ENFORCE APPLICABLE ORDINANCES. (A copy of your Driver's License is required to verify identification)

Print Name \_\_\_\_\_  
(Owner)

Signature \_\_\_\_\_ Date: \_\_\_\_\_  
(Owner)

Daytime Telephone Number: \_\_\_\_\_

This is my first sign request: YES / NO If no, date of first request: \_\_\_\_\_

Return to Parking Department with a copy of your **valid driver's license** by:

- Fax: (305) 460-5595
- Email: [parking@coralgables.com](mailto:parking@coralgables.com)
- In Person or by mail to: Parking Department, 2801 Salzedo Street, 2<sup>nd</sup> Floor Coral Gables FL 33134.

If you have any questions, please contact the Parking Department at (305) 460-5540.