

**IMPORTANT:** USE THIS FORM **ONLY** WHEN **PRIMARY TRANSPORTATION** IS NOT REGISTERED IN RESIDENT'S NAME

City of San Diego  
**RESIDENTIAL PERMIT PARKING PROGRAM**  
202 C Street - Plaza Hall  
San Diego, CA 92101  
Post Office Box 129044  
San Diego, CA 92112-9044  
Office: 619 744-1728 Fax: 619 533-3205

# Vehicle Affidavit

Generally, the parking permit applicant is not only a resident of the Residential Permit Parking District, but also the registered owner of the vehicle for which the permit is issued. If the applicant is **NOT** the registered owner of the vehicle, then it must be demonstrated to this office that the vehicle is under the complete control of the applicant. The objective of this procedure is to assure that each resident is able to secure a parking permit for that vehicle which is serving as the applicant's primary transportation. In the event that the information provided on this affidavit does not satisfactorily demonstrate to this office that the vehicle is, in fact, under the applicant's sole control, the applicant may be required to furnish such proof of that control as this office may deem necessary; until such time as that proof has been presented to this office, no permit shall be issued for that vehicle.

**PLEASE PRINT THE FOLLOWING INFORMATION:**

**R E S I D E N T I N F O R M A T I O N**

RESIDENT'S NAME: \_\_\_\_\_  
ADDRESS IN PERMIT AREA: \_\_\_\_\_  
(NUMBER) (STREET) (APT #)

**V E H I C L E I N F O R M A T I O N**

VEHICLE OWNER'S NAME: \_\_\_\_\_  
RELATIONSHIP TO RESIDENT: \_\_\_\_\_  
ADDRESS OF VEHICLE OWNER: \_\_\_\_\_  
(NUMBER) (STREET) (APT #)  
(CITY) (STATE) (ZIP CODE)  
VEHICLE OWNER'S TELEPHONE NUMBER \_\_\_\_\_  
( )  
VEHICLE LICENSE PLATE NUMBER: \_\_\_\_\_  
STATE REGISTRATION ISSUED BY: \_\_\_\_\_

**READ THE FOLLOWING CAREFULLY BEFORE SIGNING AFFIDAVIT:**  
*This vehicle has been assigned to me by the registered owner for my personal use. The vehicle is under my sole and complete control and is to be used by no other person. I certify under penalty of perjury that the above statements are true.*

\_\_\_\_\_  
(Signature of Resident) (Date)