

ABBOTTSFORD PARKING WAIVER APPLICATION
to be filled out by Property Owner

1. Date of this application: _____
2. Name of property owner: _____
3. Address of property owner: _____
4. Number of parking spaces in garage: _____
5. Number of vehicles in household: _____
6. Number of licensed drivers in family: _____
7. Describe any space(s) (in addition to garage) available behind house where vehicles could safely be parked, without hindering traffic flow and/or obstructing emergency vehicles (parking pad, etc.); please provide photos:

8. Dates for which this waiver is being requested: _____ until _____
(Waivers may be granted for up to 6 months, after which time they must be renewed if still needed.)
9. Explain the reason(s) that this waiver is being requested:

10. Name of driver of vehicle for which waiver is requested: _____
11. License plate number/state of vehicle for which waiver is requested: _____

12. Description of vehicle: _____

