



COUNTY OF LOS ANGELES
DEPARTMENT OF BEACHES AND HARBORS

ANNUAL SENIOR PARKING PASS APPLICATION

DATE: ____ / ____ / ____

NAME: _____
LAST FIRST INITIAL

ADDRESS: _____
NUMBER STREET NAME APT. NO.

CITY _____ ZIP CODE _____

HOME PHONE: _____ CELL PHONE: _____

LICENSE PLATE #: _____ VEHICLE YEAR: _____

VEHICLE MAKE/MODEL: _____ VEHICLE COLOR: _____

I, HEREBY SWEAR, UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS CORRECT AND THAT THE APPLICANT RESIDES AT THE ADDRESS ABOVE AND THAT THE ABOVE REFERENCED VEHICLE IS REGISTERED TO THE APPLICANT. FURTHER, BY SIGNING THIS STATEMENT I UNDERSTAND THAT ONLY THE VEHICLE LISTED ABOVE IS VALID FOR THIS PARKING PASS.

SIGNATURE OF APPLICANT

DATE THIS _____ DAY OF _____ 20 _____

With this application, please submit a copy of your current California driver's license, automobile registration and full payment of \$25.00 per pass.

THIS FORM AND REQUIRED INFORMATION MAY BE SUBMITTED BY MAIL OR IN PERSON TO:

Los Angeles County
Department of Beaches & Harbors
13837 FIJI WAY
MARINA DEL REY, CA 90292

Office Hours:
7:00 a.m. 6:00p.m. Mon.–Thur.

Payment Method: CASH CHECK CREDIT
CHECK # _____
PASS # _____
ISSUED BY: _____
RECEIPT NO: _____
FOR OFFICE USE ONLY

This parking pass allows parking at non-gated parking lots operated, managed or owned by the Department of Beaches & Harbors on **non-holiday weekdays and on weekends until 9 a. m. only with the exception of** Grand Avenue, Washington Boulevard, Rose Avenue, Venice Boulevard, Will Rogers 1 and Surfrider parking lots.