

**RETURN FORM TO CITY
CLERK FOR PROCESSING**



**CITY OF FORT BRAGG APPLICATION FOR
PARKING ENFORCEMENT MODIFICATION**

Applicant: Phone:

Address:

Location of parking modification request:

Nearest cross street:

Modification requested:

Reason for modification:

Signature _____ Date _____

Traffic Committee Action:

Approved Date: _____

Denied Reason: _____

Director of Public Works _____ Date: _____

Chief of Police _____ Date: _____

City Council Approval Date _____

Upon approval, copies to POLICE CHIEF, CITY CLERK, PUBLIC WORKS DEPARTMENT