

PETITION FOR RESIDENTIAL PARKING PERMIT AREA (RPPA) PROGRAM

We, the undersigned certified residents, through the Resident Petition Coordinator (name: _____/address: _____/phone: _____), petition the City of Detroit to implement the Residential Parking Permit Area (RPPA) Program for an area contained within the following boundaries (please include street and address range):

_____ Street from _____ to _____
 _____ Street from _____ to _____
 _____ Street from _____ to _____
 _____ Street from _____ to _____
 _____ Street from _____ to _____

To be designated as part of an RPPA with restricted parking with the following proposed date/time limits:

_____ from _____ to _____
 _____ from _____ to _____
 _____ from _____ to _____

The petition must contain signatures of certified residents of 60% or more of the residences (i.e. property owner or person legally authorized to sign on behalf of property owner) in the requested area.

WARNING – A person who knowingly signs this petition more than once, signs a name other than his or her own, signs when not a certified resident (i.e. property owner), or swears to a verification that is false, is subject to the penalties of perjury as prescribed by Michigan law.

| SIGNATURE | PRINTED NAME | STREET ADDRESS | ZIP CODE | PHONE |
|-----------|--------------|----------------|----------|-------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |

CERTIFICATE OF CIRCULATION

I, the circulator of this petition, assert that I am qualified to circulate this petition (i.e. over 18 years of age), that each signature on the petition was signed in my presence; and that, to my best knowledge and belief, each signature is the genuine signature of the person purporting to sign the petition, the person signing the petition was at the time of signing a certified resident qualified to sign the petition.

Note: You may sign and circulate the same petition.

CIRCULATOR – Do not sign or date certificate until after circulating petition.

_____/_____/_____
 (Signature of Circulator) (Date)

 (Printed Name of Circulator)

 Complete Residence Address (Street and Number) (City, Zip Code)