



# City of Tampa

Jane Castor, Mayor

## Mobility Department

Parking Division  
107 N Franklin St, 3<sup>rd</sup> Floor  
Tampa, Florida 33602

Office (813) 274-8179

### Petition for the Establishment of a Permit Parking Only (PPO) Zone

We are requesting the City of Tampa Parking Division establish a Permit Parking Only (PPO) Zone for the area bound by:

- \_\_\_\_\_ (Street Name) to the North
- \_\_\_\_\_ (Street Name) to the West
- \_\_\_\_\_ (Street Name) to the South
- \_\_\_\_\_ (Street Name) to the East

By signing the attached petition, it is understood that you are aware that should a PPO Zone be established in this area, all residential addresses within the defined boundaries will receive two (2) free PPO Permits allowing parking on-street, all business addresses within the defined boundaries will receive four (4) free PPO Business Permits allowing parking on-street, and that any permit requested over those allotted shall incur a fee. You also understand that you (the resident) shall be responsible for coordinating all virtual permits, through the online permit management portal, for any quests or workers for all days they will be parking on-street in the area.

For this petition to be considered successful, at least 70% of all addresses within the identified area MUST respond to the written petition section on the next page, and of those responses, 65% or more MUST be "In Favor" of the establishment of a PPO Zone for the defined boundaries.

The party seeking establishment of a PPO Zone at the above identified boundaries is solely responsible for ensuring this form is filled out completely and accurately. The party may print multiple copies of the second page to allow for the required number of responses from addresses within the boundaries.

Once completed, please email this form to the City of Tampa Parking Division Manager at [fed.revolte@tampagov.net](mailto:fed.revolte@tampagov.net).

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[illegible]

I (First Name, Last Name) \_\_\_\_\_ residing at  
\_\_\_\_\_ within the petitioned area, formally authorize  
the City of Tampa Parking Division to utilize me as the point of contact for the above listed  
community for the purposes of this Petition for the Establishment of a Permit Parking Only  
(PPO) Zone.

\_\_\_\_\_

Point of Contact Print First and Last Name

\_\_\_\_\_

Date

\_\_\_\_\_

Point of Contact Signature