



Austin Transportation Department

Right of Way Management Division

P.O. Box 1088, Austin, Texas 78767

Application for Valet Zone - Temporary

APPLICANT INFORMATION:

The Applicant listed here MUST sign on page 2 of this application. Applicant must provide Certificate of Insurance if not already on file.

Applicant Contact Information:

Company Name _____

Primary Contact Name _____

Phone Number _____ Alternative Phone Number _____

Mailing Address _____ City _____ State ____ Zip _____

Email Address _____

PROPOSED ZONE INFORMATION:

Proposed Valet Location:

Block Number _____ Street Name _____ Number of Spaces Requested _____

Curb Side (circle one) -- North South East West Block End (circle one) -- North South East West Midblock

Pay Station or Meter Numbers: PS# / Meter # _____ PS# / Meter # _____ PS# / Meter # _____ PS# / Meter # _____

AND/OR

Description of Unmetered Area _____

(If an area does NOT have marked parking spaces, then one space will be assessed for every 22 feet in curb length.)

Proposed Valet Time and Date:

Date(s): _____

From: _____ (am/pm) To: _____ (am/pm) Monday Tuesday Wednesday Thursday Friday Saturday Sunday



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LICENSED VALET OPERATOR INFORMATION:

The Valet Operator requesting the License will be the Permit Holder of record.

Licensed Valet Operator Name _____

Primary Contact Name _____

24 Hour Emergency Number _____ Alternative Phone Number _____

Mailing Address _____ City _____ State _____ Zip _____

Email Address _____

Expiration date of Valet Operator Permit _____ Expiration date of Valet Operator Insurance _____

VEHICLE STORAGE:

Will vehicles be parked on the Permit Holder's premises? Yes No

(If you checked "Yes", no additional information required. If you checked "No", provide details below.)

Parking Facility Location:

Address _____ City _____ State _____ Zip _____

Type of Parking Facility:

Parking Garage Surface Lot

Terms of Parking Facility Contract:

Number of Spaces Available _____ Date of Contract _____ Term/Expiration Date of Contract _____

Contact Information for Facility Owner Manager:

Name _____ Phone Number _____ Email Address _____

****Provide current evidence of Contract with Parking Facility, if not already on file.****

Map of vehicle routes to and from Valet Service area to Parking Facility Provided? Yes No

****Provide map of vehicle routes, if not already on file.****

I declare that the information provided in this application is true and that I have read the Code of the City of Austin Section 13-5 as amended by Ordinance Number 031211-11, and I understand all conditions of this application as set forth herein and the City Code. I understand that no guarantee of approval is implied by the acceptance of this application, and that in order for this application to be completed the applicant must provide all additional information requested and that failure to provide the additional information will result in denial of the application. I also understand that the City is not responsible for any cost or inconvenience incurred by me if the application is denied.

STATE OF TEXAS
COUNTY OF _____

SIGNATURE OF APPLICANT
(MUST SIGN IN PRESENCE OF NOTARY)

SWORN TO AND SUBSCRIBED BEFORE ME ON THE _____ DAY OF _____,

NOTARY PUBLIC SIGNATURE