



HENDRICKS ISLE / ISLE OF VENICE NEIGHBORHOOD ASSOCIATION, INC
RESIDENTIAL PARKING PERMIT BALLOT PETITION

Date: _____

To: Transportation and Mobility Department

I, _____, have been made aware a request for a residential parking permit program for Venice and Hendricks Isle and attest to the following:

- I am the property owner of _____ which is in the potential impact area.
- My contact information is:
 - Phone Number: _____
 - Email Address: _____
- I understand the potential impacts of a resident parking permit program, including but not limited to, restricted hours or availability of parking for residents/non-residents to park in the designated area and cost of the permit(s).

After careful consideration, I:

SUPPORT the establishment of a residential parking permit program.

OPPOSE the establishment of a residential parking permit program.

Name

Please return ballot to Stan Stein, Vice President, Hendricks Isle / Isle of Venice NA, 301 Hendricks Isle, #4, Fort Lauderdale, 33301 or contact Stan for ballot pick-up: stan.stein01@gmail.com or 248-613-7021

Signature

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