

## COUNTY OF LOS ANGELES DEPARTMENT OF BEACHES & HARBORS

## **ANNUAL BEACH PARKING PASS APPLICATION**

DATE:	/			
NAME:	LAST	FIRST	INITIAL	
EMAIL: _				
ADDRESS:				
	NUMBER	STREET NAME		
_	CITY		ZIP CODE	
HOME PHONE:		CELL PHON	CELL PHONE:	
LICENSE PLA	TE #:	VEHICLE Y	VEHICLE YEAR:	
VEHICLE MAKE/MODEL:		VEHICLE C	VEHICLE COLOR:	
CHOOSE ONE: WHITE POINT:		GF	GRAND AVE:	
	OF APPLICANT	THAT ONLY THE VEHICLE LI.	STED ABOVE IS VALID FOR THIS PARKING PASS.	
	DAY OF	20		
THIS FORM	AND REQUIRED INFORMATI	ON MAY BE SUBMITTED BY	MAIL OR IN PERSON TO:	
LAZ Parking 4519 Admiralty Way, Suite B MARINA DEL REY, CA 90292		•	Payment Method: CHECK  CHECK #:  PASS #:	
Phone: (310) 821-1081		ISSUED BY:	ISSUED BY:	
Please make the check payable to:			RECEIPT NO:	
L.A. COUNTY DEPT. OF BEACHES AND HARBORS		EXPIRATION MONTH: FOR OFFICE USE ONLY	EXPIRATION MONTH:  FOR OFFICE USE ONLY	