



**CITY OF ATLANTA ~ DEPARTMENT OF
TRANSPORTATION APPLICATION FOR ON-STREET
VALET PARKING PERMIT NOTARIZED AFFIDAVIT BY
VALET PARKING SERVICE RESERVOIR AREA OWNER**

I, _____ SWEAR THAT I AM THE OWNER OR
Owner(s) Printed Name

AUTHORIZED AGENT FOR THE OWNER OF THE PROPERTY LOCATED AT: _____

LAND DISTRICT _____ LAND LOT _____ AS SHOWN IN THE RECORDS
OF _____ COUNTY, GEORGIA WHICH IN THE SUBJECT MATTER OF THE
ATTACHED APPLICATION FOR AN ON-STREET VALET PARKING PERMIT WHICH HAS BEEN
IDENTIFIED AS THE DESIGNATED VALET PARKING SERVICE RESERVOIR AREA. I
AUTHORIZE THAT THE APPLICANT NAMED BELOW HAS PERMISSION, UPON RECEIVING
CITY APPROVAL, TO UTILIZE SAID PROPERTY AS A VALET PARKING SERVICE RESERVOIR
AREA. I FURTHER ACKNOWLEDGE THAT THE VALET PARKING SERVICE RESERVOIR AREA
IS APPROPRIATELY ZONED IN ACCORDANCE WITH THE CITY OF ATLANTA ZONING CODE
FOR THIS USE.

NAME OF APPLICANT: _____

BUSINESS ESTABLISHMENT: _____

ADDRESS: _____

PHONE NUMBER: _____ EMAIL: _____

Signature of Owner

Print Name of Owner

Personally Appeared
Before Me

Who Swears That the Information Contained In this Authorization
Is True and Correct To The Best of His or Her Knowledge and Belief.

Signature of Notary Public

Date