CITY OF FULLERTON

PUBLIC WORKS DEPARTMENT - ENGINEERING DIVISION

Facsimile Transmittal

NAME: _____ DATE: _____

PHONE: _____ FAX: _____

FROM: City of Fullerton/Traffic Division
303 W. Commonwealth Avenue
Fullerton, CA 92832

PHONE (714) 738-6845

FAX: (714) 738-3115

SUBJECT: **TRANSPORTATION PERMIT APPLICATION**

Please allow a minimum of two hours to process permit. Faxed applications will be accepted between 7:30 am and 4 pm.
(Permits received after 4pm will not be processed until the next business day.)

The following information must be provided to process your Transportation Permit application by fax

1. Provide information requested on Application form. Please type or print legibly using City of Fullerton Transportation Permit form.

2. Read City of Fullerton Traffic Division Transportation Permit Conditions and sign acknowledgement below, agreeing to abide by those conditions.

Acceptance of this permit constitutes an agreement by the permittee to observe and comply with all of the general and specific conditions on the face of the permit and Transportation Permit Conditions and that permittee has received/read a copy of the permit conditions dated 12/2005.

Applicant's Name (Please Print): _____

Applicant's Signature: _____ Date: _____

Company Name: _____

This information is hereby made a part of **Permit No.** _____ (To be completed by City of Fullerton)

The City of Fullerton accepts ***Visa, MasterCard, and Discover***. The following information is required when paying by credit card.

Name as it appears on the credit card: _____

Billing Address of Cardholder: _____

Zip Code: _____ Vin #: _____ (3 Digit) Daytime Phone Number: _____

Visa MasterCard Discover (circle one) Card Number: _____

Expiration Date: _____

Cardholder's Signature: _____