

PARKLET REQUESTOR NAME: _____

ORGANIZATION NAME, IF APPLICABLE: _____

CONTACT ADDRESS: _____

PHONE NUMBER: _____

EMAIL: _____

**ARLINGTON COUNTY PARKLET
PETITION FORM**

Date: _____

We, the undersigned fronting business establishments of the block of the requested parklet address, support the installation of a parklet in the block on the same side of the street as our business establishment. We understand that 67% of fronting establishments on the same side of the street as the proposed parklet in the block must be in support of the parklet.

Requested Parklet Address:

Block Number:	Street Name:
For more information regarding parklets and the application process, visit: https://www.arlingtonva.us/Government/Programs/Transportation/Parking/Parklets	

BUSINESS ADDRESS	NAME (PRINT)	SIGNATURE