



City of Roeland Park

4600 W. 51st Street

Roeland Park, KS 66205

Ph: 913-722-2600

Fax: 913-722-3713

On Street Parking Change Request Form

Date: _____

Applicant Name: _____

Address: _____

Phone Number: _____ Email Address: _____

Street Segment to be restricted: *(The request shall be for a segment that is a minimum of 180 feet in length and terminates at either an intersection or a dead end or cul-de-sac.)*

Describe the on-street parking restriction requested: *(For example, no parking anytime, no parking posted at posted times and/or days.)*

Reason for the requested parking changes: _____

Property Owner Signature

Note: An on-street parking change request may be added to a Council Workshop Agenda with the support of any 3 Council Members, even if the support of at least 51% of properties adjacent to the proposed corridor is not secured.

Below is For City Hall Use Only:

Support of 3 Council Members to Add to Workshop Agenda:

1. _____
2. _____
3. _____

Verify Property Ownership: _____

Ward: _____

Date Notification Letter Sent to Residents: _____

Verify Percent of Property Owners Support is 51% or More: _____

Workshop Agenda Date: _____