

**APPLICATION
FOR
RESIDENTIAL PARKING PERMIT**

REGULAR

TEMPORARY

Expiration Date: _____

Expiration Date: _____

PLEASE PRINT

NAME OF APPLICANT: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

VEHICLE: MAKE: _____ **MODEL:** _____

LICENSE PLATE NUMBER: _____

DRIVER LICENSE NUMBER: _____

DATE OF APPLICATION: _____

SIGNATURE: _____

This permit allows the applicant to park his/her vehicle on the street during prohibited hours between 2:00 a.m. and 6:00 a.m.

This application must be renewed every calendar year, said renewal due no later than November 15th of each year.

NOTE: ONE PERMIT PER VEHICLE

ALL PERMIT DECALS MUST BE DISPLAYED ON THE LOWER LEFT SIDE LOCATION OF THE VEHICLE'S REAR WINDOW (BEHIND DRIVER).

OFFICE USE ONLY

Permit Number: _____

Date Received: _____

Received By: _____