



Revenue Division

Parking Permit Application

Possession of a permit does not guarantee access to any particular parking spaces or locations.

PLEASE PRINT CLEARLY! COMPLETE ALL SECTIONS!

NAME: _____

VEHICLE PLATE NUMBER: _____ VEHICLE MAKE: _____

VEHICLE MODEL: _____ VEHICLE COLOR: _____

BEST DAYTIME CONTACT PHONE NUMBER: _____

EMAIL ADDRESS: _____

BUSINESS NAME: _____ BUSINESS ADDRESS: _____

FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

Date issued: _____

Permit numbers issued:

January	February	March	April
May	June	July	August
September	October	November	December

Number of permits issued: _____ @ \$30.00= _____ plus prorated month @ \$ _____

Scanned date: _____ time: _____ = \$ _____