

MSU permits valid until August 31, _____ **BSHS** permits valid until June 15, _____

Renter _____ Property Owner _____ Fraternity/Sorority _____

Name: _____
(LAST) (FIRST) (M.I.)

Phone #: _____ Email: _____

Address: _____
(STREET) (CITY) (STATE) (ZIP)

Complete for Residential Permit	VEHICLE INFORMATION FOR PERMIT			OFFICE USE ONLY
	Plate	Year Registration Expires	State	Permit #
	Year	Make	Model	Color
	Is vehicle registered in your name? YES NO		If NO, name of registered owner: If NO, notarized proof of control of vehicle.	
Complete for Residential Permit	VEHICLE INFORMATION FOR PERMIT			OFFICE USE ONLY
	Plate	Year Registration Expires	State	Permit #
	Year	Make	Model	Color
	Is vehicle registered in your name? YES NO		If NO, name of registered owner: If NO, notarized proof of control of vehicle.	
Complete for Residential Permit	VEHICLE INFORMATION FOR PERMIT			OFFICE USE ONLY
	Plate	Year Registration Expires	State	Permit #
	Year	Make	Model	Color
	Is vehicle registered in your name? YES NO		If NO, name of registered owner: If NO, notarized proof of control of vehicle.	
Complete for Visitor Permit	I would like to purchase: ONE _____			
	TWO _____			
Permit Restrictions	Falsifying information on registration applications is prohibited and shall void the permit registration. This includes but, is not limited to, falsification of name, residence, license number, and any other data required for registration of a motor vehicle; obtaining a parking permit for an unauthorized person and accepting or using an unauthorized parking permit.			
	I understand that violating any of the above restrictions may result in a misdemeanor charge, fine, or a revocation of the permit.			
Applicant's Signature: _____				Date: _____

RESIDENTIAL PARKING DISTRICT PERMIT APPLICATION

OFFICE USE ONLY	REQUIRED	AMOUNT RECEIVED	METHOD OF PAYMENT
	<input type="checkbox"/> Picture ID <input type="checkbox"/> Current Vehicle Registration <input type="checkbox"/> CURRENT PROOF OF RESIDENCY <p style="margin-left: 20px;">(dated within last 30 days)</p> <p style="margin-left: 20px;">ONE OF THE FOLLOWING:</p> <input type="checkbox"/> Current Rent Receipt or Agreement <input type="checkbox"/> Current Power Bill <input type="checkbox"/> Current Cable TV Bill <input type="checkbox"/> Current Bank Statement <input type="checkbox"/> Current Credit Card Bill <input type="checkbox"/> Letter From Property Manager of Landlord <input type="checkbox"/> Other: _____	\$ _____	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> CC
		COMMENTS	
			R
			V
			Initials _____