

**RESIDENTIAL PARKING DISTRICT
PERMIT APPLICATION**

Permit valid until August 31, _____

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

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

Phone #: _____ Email: _____

Complete for Employee / Service 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.		
EMPLOYMENT INFORMATION FOR PERMIT				
Place of Employment	Address of Employer		Phone #	
Owner/Manager Name	Employer's Signature		City of Business License #	
<p>Applicant may not use Employee/Service Provider permit except when actually working within the Residential Parking District.</p> <p>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.</p>				
Applicant's Signature: _____		Date: _____		

OFFICE USE ONLY	AMOUNT RECEIVED	METHOD OF PAYMENT
	<p>REQUIRED</p> <p><input type="checkbox"/> Picture ID</p> <p><input type="checkbox"/> Current Vehicle Registration</p> <p><input type="checkbox"/> Employer Signature & Business License</p>	<p>\$ _____</p>
	<p>COMMENTS</p> <p>_____</p> <p>Initials _____</p>	