

APPLICATION FOR RESIDENTIAL PARKING PERMIT

(Please print all Information)

Name: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

VEHICLE INFORMATION					
Your application will not be processed unless you provide a copy of the vehicle registration					
<i>Make</i>	<i>Model</i>	<i>Year</i>	<i>Color</i>	<i>License Plate Number</i>	<i>State</i>

PERMIT REQUEST <i>(Please check one)</i>		
<i>RESIDENT</i>	<i>BUSINESS</i>	<i>OTHER (explain)</i>

LOT REQUESTED <i>(Please check one)</i>			
<i>So. Main</i>	<i>Stockton</i>	<i>Brainard</i>	<i>Market</i>

PERMIT DURATION <i>(Please check one)</i> <i>(Note: Fee pro-rated based on date of payment)</i>	
Annual \$80.00 / Sr. Citizen \$72.00 (expires December 31, 20__)	If purchased after January 31 – fee would be \$7.00 per remaining month - \$6.00 Senior Citizen

**FOR OFFICE USE ONLY **		
Date:	Permit Number	Fee Received

Type of Payment			
	Check (Check No.)		Cash
Transaction by:			Date: