

## Permit Parking Application

Your Name: _____		Spouse's Name _____	
Mailing Address: _____		City: _____	State: _____ Zip: _____
Physical Address: _____		City: _____	State: _____ Zip: _____
Telephone Number: _____			
Are you a student? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, <input type="checkbox"/> Part-time or <input type="checkbox"/> Fulltime			
Do you own the home at the above listed physical address? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you rent the home at the above listed physical address? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, please complete the following::			
Landlord's name: _____		Landlord's Phone _____	
No.: _____			
Landlord's address: _____		City: _____	State: _____ Zip: _____
Dates of Residence: _____ / _____ / _____		to _____ / _____ / _____	
(if less than 2 years, enter previous address below)			
Previous Address: _____		City: _____	State: _____ Zip: _____
Is there a garage and/or off-street parking available? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please describe: _____			

### Vehicle(s) Information:

Vehicle Identification Number (VIN): _____		Plate: _____	
Year: _____	Make: _____	Model: _____	Color: _____
Second Vehicle Identification Number (VIN): _____		Plate: _____	
Year: _____	Make: _____	Model: _____	Color: _____

### THE FOLLOWING DOCUMENTATION MUST BE PRESENTED WHEN APPLYING FOR PERMIT PARKING:

<b>Proof of Residency: (Check two)</b> <input type="checkbox"/> Utility Bill (Electric, gas, or water) <input type="checkbox"/> Tax Form- Real Estate or Earned Income <input type="checkbox"/> Garbage Bill <input type="checkbox"/> Rental Lease	<b>Form(s) of Identification:</b> <input type="checkbox"/> Driver's License Driver's License Number: _____ <input type="checkbox"/> Student ID (if applicable)	<input type="checkbox"/> Vehicle Registration Card(s)
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**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_