



RESTRICTED PARKING PERMIT APPLICATION

Date: \_\_\_\_\_

Permit Number: \_\_\_\_\_  
(Completed by Office Staff)

OWNER/RESIDENT INFORMATION (please print clearly):

Owner/Resident Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Owner Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

PARKING PERMIT(S) FOR THE FOLLOWING VEHICLE(S):

Make/Model: \_\_\_\_\_ License Plate No.: \_\_\_\_\_

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VEHICLE INFORMATION:

Is this a new vehicle needing a parking sticker? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Is this vehicle replacing a vehicle with a parking sticker? Yes: \_\_\_\_\_ No: \_\_\_\_\_

How many vehicles in the household with parking stickers? \_\_\_\_\_

PARKING PERMIT NUMBERS:

Parking Permit No(s): \_\_\_\_\_  
(Completed by Office Staff Only)

STICKER PLACEMENT:

Sticker should be placed on the lower left corner of the rear window.



➔ Owner/Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Owner/Resident Signature: \_\_\_\_\_