



SPECIAL PARKING PERMIT
CENTRAL BUSINESS DISTRICT

NAME _____ APPLICATION DATE _____

BUSINESS/ORGANIZATION NAME _____

ADDRESS _____

DAYTIME TELEPHONE NUMBER _____

AFTER 5:00 P.M. TELEPHONE NUMBER _____

PARKING SPACE ADDRESS LOCATION _____

REASON FOR SPECIAL PARKING PERMIT _____

REQUESTED NUMBER OF DAYS FOR SPECIAL PARKING PERMIT _____

BEGINNING DATE _____

ENDING DATE _____

DESCRIPTION AND TYPE OF APPARATUS/VEHICLE TO OCCUPY THE PARKING SPACE

(dumpster/size, vehicle make, model, color, license plate #) _____

OWNER OF APPARATUS/VEHICLE _____

(IF DIFFERENT THAN ABOVE)

SIGNATURE OF APPLICANT _____

APPROVED: _____
(DATE)

The permit shall be placed on the front dash of the vehicle, or in the case of a dumpster, in a location readily visible.

John S. Fawcett, Safety Director

DISAPPROVED: _____
(DATE)

cc: Police Chief