Parking Permit Request Form

APT. #: _____ (LT, KT or WT)

PARKING PERMIT #: _____(Office use only)

LICENSE PLATE #:_____

DATE: _____

REPLACEMENT PARKING PERMITS WILL COST \$250

RESIDENT NAME:	
CELL#:	
E-MAIL:	
CAR MAKE:	
MODEL:	
YEAR:	
COLOR OF VEHICLE:	
SIGNATURE:	

By signing this request form you acknowledge that anyone without a parking sticker in any of the parking lots on Windmill Dr. will be towed at their expense. <u>Guest parking on the City Street only.</u>