SPECIAL PERMIT FOR LONG TERM PARKING REQUEST

Name:_____

Address:_____

Phone Number:_____

Date & Time permit is needed: Fom:_____**To:**_____

Location:_____

License Plate:_____ **Vehicle Description:**_____

___Car___Truck__Trailer___Motor Home___Boat &Trailer___Other_____

Is applicant the registered owner of vehicle? YES NO (Circle One)

Is applicant a permanent resident or owner of the property for which the special permit is sought? YES NO (Circle One)

If the applicant is not the owner of the property for which the permit is sought, the owner of the property must consent to the issuance of the permit and evidence that consent by signing the application or providing a signed written statement to that affect.

Owner of property:_____
Printed Name

Signature of owner of property consenting to the issuance of permit:_____

Signature of Applicant:_____

For Office Use ONLY:

Employee accepting application:_____

Date & Time Received:_____

Permit: ISSUED DENIED

By:_____

Date & Time Issued:_____

Expiration Date & Time:_____