

CITY OF COLLEGE PARK RESIDENTIAL PARKING
PERMIT APPLICATION

DATE _____

PERMIT NUMBER _____

NAME: _____
(NAME OF THE OWNER OR OPERATOR OF THE MOTOR VEHICLE TO BE PERMITTED)

TELEPHONE NUMBER: _____

ADDRESS: _____
(RESIDENTIAL ADDRESS OF OWNER OR OPERATOR OF THE MOTOR VEHICLE TO BE PERMITTED)

LICENSE NUMBER: _____
(OPERATOR'S STATE DRIVER'S LICENSE NUMBER)

MOTOR VEHICLE MAKE: _____

MOTOR VEHICLE MODEL: _____

MOTOR VEHICLE LICENSE NUMBER: _____

MOTOR VEHICLE VIN: _____

Signature owner or operator of the motor vehicle to be permitted

VISITOR PERMIT NUMBERS ISSUED: (1) _____ (2) _____