

PARKING PERMIT

- **I will strictly adhere to the 15 mph speed limit**
- **I will park only in designated areas**
- **I will park on pavement only**
- **If I transfer my parking permit I realize that the result will be a loss of driving privileges for the remainder of the year**

NAME OF DRIVER: _____

REGISTERED VEHICLE OWNER: _____

LICENSE PLATE NUMBER: _____

STATE OF REGISTRATION: _____

MAKE OF VEHICLE: _____

MODEL OF VEHICLE: _____

COLOR OF VEHICLE: _____

STICKER NUMBER: _____

I have read the above and attest that the information provided is correct.

Signature

Date