CONTACT INFORMATION			
NAME (LAST, FIRST)			DATE
PHONE NUMBER		CELL PHONE NUMBER	
PERMIT INFORMATION			
TYPE OF PERMIT Overnight	<u> </u>	(Contractor)	NUMBER OF PERMITS REQUESTED
ADDRESS OR LOCATION WHERE VEHICLES V	VILL BE PARKED		
START DATE		END DATE	
OVERNIGHT PERMIT			
If requesting an overnight perm your application:	it, present the fo	llowing items to t	the Front Desk when turning in
Proof of Residency			
Current Vehicle Registration and Insurance			
Government Issued ID Card			
TEMPORARY PERMIT (CONTRACTOR)			
BUSINESS NAME			
JOB SITE/PARKING LOCATION		PROJECT NAME/WORK TO BE CONDUCTED	
If requesting a temporary permit for construction, present the following items to the Front Desk when turning in your application:			
Government Issued ID Card			
Proof/Confirmation of job being performed/Building Permit			
VEHICLE INFORMATION			
MAKE	MC	DEL	LICENSE PLATE NUMBER
OFFICIAL USE ONLY			
FEES DUE	ENTERED BY		APPROVED BY