

**City of Wooster
Application for Residential Parking Permit**

NAME: _____

ADDRESS: _____

DAYTIME TELEPHONE: _____ **Do You:** _____ **Own** _____ **Rent**

If you rent, please list name, address, and telephone number of the owner: _____

List members of household: _____

List vehicles for which permits are requested:

MAKE	MODEL	YEAR	LICENSE PLATE	STATE	OWNER AS IT APPEARS ON TITLE
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Do you wish to have a visitor's permit? _____ Yes _____ No

I affirm the above information to be correct. I understand that the furnishing of false information on this form may result in prosecution.

Signed

Date

Print Name

The City may require additional proof of residence and/or ownership of vehicles.

CITY USE:

Date Received: _____ Date Processed: _____

Permits Issued: _____ Residential _____ Visitor

Comments: _____
