

Non-Resident Senior/Veteran Parking Permit Application

 ***Adresss:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_ ZIP \_\_\_\_\_\_\_*** *Addresses that are P.O. Boxes or commercial postal locations will not be accepted as an**applicant’s address.*

 ***Daytime Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

 ***APPLICANT’S NAME LICENSE PLATE OR VIN NUMBER***

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| --- | --- | --- | --- | --- |
|  |  | *PERMIT FEE* |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |
|  | TOTAL: |  |  |

|  |  |
| --- | --- |
| **Permit Cost****Feb.1-July 31** | **$200****$100** |

# Permit Requirements:

Acceptable proof of agefor the Senior and proof of service for Veterans applying is required. Acceptable proof includes a copy of one of the following:

# Driver’s License

* State ID Card
* *Acceptable forms of identification for a Veteran include a current Uniformed Services ID card (active or retired) or a DD214 form.*

# Transaction Policies:

* Fees are non-refundable and permits are not transferable from one vehicle to another.
* Replacement permits may be purchased for $5.00 if the current permit is returned to City Hall.
	+ Without the old permit, the Bill of Sale or Release of Liability must be provided.
	+ If the vehicle is damaged or in an accident and no sticker is presented for replacement. The proper insurance documentation, Police Report, or mechanic shop receipt must be provided.
* Permits must be permanently affixed to left rear bumper or the outside lower left corner of the rear window to be valid.

# By submitting this application you are agreeing to the following:

* I understand and will abide by the permit uses as detailed on application cover letter.
* I understand that all fees are non-refundable and will follow the procedures for replacing a permit.
* I understand that the permits will be mailed to only the address of issuance.
* I declare under penalty of perjury that all information and statements provided herein are true and correct to the best of my knowledge.

# Signature: Date: