



# CITY OF GRAND HAVEN DOWNTOWN RESIDENTIAL PARKING PERMIT APPLICATION

**Permit Year 2012**

**Applicant Information:**

*PLEASE PRINT*

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

Telephone#/Daytime: \_\_\_\_\_ Evening \_\_\_\_\_

Date of Application (If Applicable): \_\_\_\_\_

Is this for a rental unit? \_\_\_\_\_

Is this a long term (12 months) rental or short term rental? \_\_\_\_\_

Name of Landlord: \_\_\_\_\_

Landlord Telephone Number (If Applicable): \_\_\_\_\_

**Vehicle Information:**

License Plate #: \_\_\_\_\_ State: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Year: \_\_\_\_\_ Color: \_\_\_\_\_

I have received, read, and understand the Downtown Overnight Residential Parking Brochure, which detail rules and regulations for overnight parking. I affirm that the information provided on this form is true and accurate to the best of my knowledge. MONTHLY parking permits are non-transferable from vehicle to vehicle.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Questions and comments regarding enforcement must be brought to the Grand Haven Department of Public Safety, 525 Washington Avenue, (616) 842-3460, Monday through Friday between 8:00 A.M. and 5:00 P.M.

Return completed form to the City of Grand Haven Treasurer's Office, 519 Washington Avenue

(For Official Use Only)

Permit # _____	Annual Permit	Annual Transferrable Permit	Temporary Permit	Amount Paid: _____
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