

City of Crystal - APPLICATION FOR PARKING PERMIT

1. APPLICANT NAME: _____
ADDRESS: (& ZIP CODE): _____
PHONE: _____
PARKING LOCATION: _____

2. **Read conditions on reverse side to determine if eligible for permit.**

3. Type of Permit (Please check one):

A. PERMIT - SEASONAL On-Street Parking (April 1 to November 30)

LICENSE # (1) _____ **PERMIT #** (1) _____
(2)* _____ (2) _____
(3)* _____ (3) _____

**\$35 fee required for each vehicle for two or more vehicles for Seasonal parking requests.*

\$ FEE COLLECTED: Cash _____ Check _____ Receipt # _____

(If application is denied, a check reimbursement will be sent in the mail.)

B. Off-Street Parking VARIANCE (only by Police Deputy Chief approval)

Dates: From _____ to _____

4. Reason for request:

Applicant Signature: _____

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FOR OFFICE USE ONLY

Approved _____ Not Approved _____

(Police personnel review)

(City Manager authorization)

(Date)