

APPLICATION FOR TRANSFER OF A PARKING PERMIT – FEE \$5.00
Please Print Clearly

LAST NAME _____ FIRST NAME _____

ADDRESS _____ CITY _____ ZIP _____

TYPE OF PERMIT TO BE TRANSFERRED (CHECK ONE)

ANNUAL COMMUTER _____

24 HOUR PERMIT _____

SEMI ANNUAL COMMUTER _____

BUSINESS PERMIT _____

NEW CAR _____
 Make of Car Year Color Plate No.

BUSINESS PERMIT HOLDERS ONLY

NAME OF EMPLOYER _____

ADDRESS OF EMPLOYER _____

A copy of the vehicle registration and insurance card for leased vehicles must be submitted with the transfer request. I hereby certify that the above information is true and correct under the penalty of law and the permit will only be used for the car referenced above.

SIGNATURE OF APPLICANT

FOR OFFICE USE ONLY

OLD PERMIT MUST BE RETURNED
PLACE PERMIT HERE:

DATE OF ISSUE _____

FEE PAID _____

OLD PERMIT NO. _____

NEW PERMIT NO. _____

PROOF OF RESIDENCY SHOWN

VEHICLE REGISTRATION _____

INSURANCE CARD _____

DRIVERS LICENSE _____

