CITY OF IDAHO SPRINGS

EXTENDED PARKING PERMIT APPLICATION

Applicant/Tenant: _____

Physical Address: _____

Mailing Address: _____

Phone: _____

VEHICLE INFORMATION (Maximum of 2)

Make: _____	**Make:** _____
Model: _____	**Model:** _____
Color: _____	**Color:** _____
License Plate # _____	**License Plate #** _____

Reason for requesting a permit _____

_____

Property Owner/Landlord: _____

Phone: _____

I understand this permit is for City Parking Lots only and is not transferrable. I further understand that my failure to apply for renewal on or before expiration date may result in the issuance of a parking citation

Signature: _____

☐ **Permit Approved** **Permit Expiration Date: December 31, 20____**

☐ **Permit Denied** **The application was denied for the following reason(s):**

_____

Signature: _____

City Clerk **Date**