RESIDENTIAL PARKING PERMIT APPLICATION

PERMIT # _____ **DATE ISSUED**: _____

Name: _____

Address: _____

Telephone Number: _____

Vehicle Description Year: _____

Make: _____

Model: _____

Color: _____

Vehicle's License Plate No. _____

I understand that I must be a resident of the Town of Lauderdale-By-The-Sea, Florida, to be entitled to resident parking privileges; that this permit is only valid through September 30th of the current fiscal year. And, that no pro rating of the cost for the permit is available. I am aware that overnight parking is not permitted in areas designated for resident permit parking.

I also understand that the parking permit sticker is not transferable to another vehicle. That the parking permit entitles me to park at designated areas only and all other parking regulations must be adhered to.

Signature of Owner: _____

TOWN HALL USE ONLY

Produced _____ as proof of residency.
(i.e. Driver's license, lease, etc)

Reviewed by: _____