

Permit for Temporary Parking Privileges

Make Check or Money Order payable to: Providence City Collector

Applicant (Compa	iny):			
Person to Contact	::			
Address:				
Telephone:				
	Days	Nights/Weekends	s Fax	
Address or location	on where permit	is requested:		
I will be parked or	n:			
between		and		
Date(s) permit is	valid: From:	to:		
Vehicle Information	on:			
Vehicle Plate #:		State where registered:		
Year:	Make:	Model:	Color:	
Work Description	(Reason):			
Signature of Appli	cant:			
	DO NOT W	RITE BELOW THIS LINE – FOR (OFFICE USE ONLY	
# OF PARKING SPA	ACES:	_ @ 12.50 per Day FOR:	DAYS = \$	
			TOTAL = \$	
		DAT	E:	
VV	illiaili C. DUIIIDai	u, r.L., (City Eligilleel)		