Permit Number:		
Guest Number:		
Expiration Date::		
Issued By:		
Entered By:		
Payment: Check#	MO#	СС

## **Application for Overnight Resident Permit Parking**

All completed permit applications can be brought to: Traffic Engineering 700 Allens Ave, or Providence Municipal Court 325 Washington St.

## **Important**

Please bring your vehicle registration with you and proof of residency when applying for your permit. Acceptable forms of proof include:

Mortgage, rental agreement, and utility bill.

Fee: Resident Annual Permit - \$100.00 – Providence Registered Vehicle \$200.00 out of City Registered Vehicle Guest Pass - \$25.00 – valid only 5 times per month for 1 year and available to permit holders only

## **Applicant Information**

Name:				<del></del>		
Address:		Unit #:	Police Distric	t:		
Zip Code:	Phone (Home):					
Email:	Phone (Cell):					
Vehicle Information						
Make:	Model:		_ Color:			
Year:	License Plate:		State:			
The following question	s must be answered:					
1). Do you have any unpaid parking tickets/violations with the City of Providence? Y / N						
2). Please indicate what type of structure/building you reside in:						
Single Family Home						
Multi-Family: Number of units in building						
Condominium: Number of units in building Number of units in complex						
Proof of Residency Pro	vided:					

Phone: 401-680-7500 Fax: 401-781-4044