CITY OF GRAND HAVEN
DOWNTOWN RESIDENTIAL
PARKING PERMIT APPLICATION

Permit Year 2021

Applicant Information:  PLEASE PRINT

Full Name: ____________________________________________

Address: ____________________________________________ Apt. #: __________

Telephone#/Daytime: ___________________________ Evening__________

Is this a short term rental? (Less than 12 months) __________________________ Expiration Date

Name of Landlord: ____________________________________________

Landlord Telephone Number (If Applicable): __________________________

Vehicle Information:

License Plate #: __________________________ State: __________

Make: __________________________ Model: __________________________

Year: __________________________ Color: __________________________

I have received, read, and understand the Downtown Overnight Residential Parking Brochure, which detail rules and regulations for overnight parking. I affirm that the information provided on this form is true and accurate to the best of my knowledge. MONTHLY parking permits are non-transferable from vehicle to vehicle.

Signature of Applicant: __________________________ Date: __________________________

Questions and comments regarding enforcement must be brought to the Grand Haven Department of Public Safety, 525 Washington Avenue, (616) 842-3460, Monday through Friday between 8:00 A.M. and 5:00 P.M.

(For Official Use Only)

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