Type of Permit Issued
Annual ☐
Transferrable ☐
30 Day ☐

CITY OF GRAND HAVEN
DOWNTOWN RESIDENTIAL
PARKING PERMIT APPLICATION

Permit Year 2019

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)

Permit #	Purchase Date	Date of Expiration	Permit #	Purchase Date	Date of Expiration	Permit #	Purchase Date	Date of Expiration	Permit #	Purchase Date	Date of Expiration