CITY OF Clearwater
Engineering Department
Parking System
100 S. Myrtle Ave., Room #220
Clearwater, FL 33756
(727) 562-4704

BEACH EMPLOYEE
CLEARWATER RESIDENT/CITY EMPLOYEE
Beach Lots Parking Permit Application

Please fill out this Application, print and sign.
Provide other documents as required in Parking Permits Rules and Regulations.

1. PERMIT TYPE (please check one):

◯ **BEACH EMPLOYEE** (fill **Sec. 2**, **3** & **4**) ◯ **RESIDENT** (fill **Sec. 2** & **3**) ◯ **CITY EMPLOYEE** (fill **Sec. 2** & **3**)

2. PERSONAL INFORMATION:

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Optional Phone Number: _____

3. VEHICLE INFORMATION (See valid registration):

Year: _____ Make/Model: _____ Color: _____

Registration Tag: _____ Tag Expires: _____ State: _____

4. EMPLOYER INFORMATION (if applicable):

Employer: _____ Phone: _____

Employer's Address: _____

Parking Permits do not guarantee a parking space will be available.
I have read and fully understand the Parking Permit Rules & Regulations.

Printed Name: _____ Signature: _____ Date: _____

For Office Use Only:

PERMIT #: _____ *EXPIRATION DATE:* _____

LOCATION: _____

Employee Initial: _____ *Date:* _____