



Permit/Card #

CITY OF CLEARWATER

For Office Use Only

MONTHLY PARKING APPLICATION

NAME: _____

GARAGE/LOT: _____ STARTING DATE _____

NAME OF EMPLOYER: _____

EMPLOYER ADDRESS: _____ TELEPHONE # _____

VEHICLE MAKE, MODEL, YEAR, AND COLOR: _____ TAG#(Please include State)

(1) _____

(2) _____

(3) _____

HOME ADDRESS: _____ TELEPHONE # _____

GARAGE FEE (IF APPLICABLE) PAID BY:

COMPANY YES _____ NO _____
INDIVIDUAL YES _____ NO _____

I HAVE READ AND FULLY UNDERSTAND THE PARKING RULES AND REGULATIONS:

SIGNATURE OF APPLICANT DATE

RETURNED FOR REFUND:

Card # Date Amount Initials