

CITY OF LAKEWOOD  
**MUNICIPAL PARKING LOT PERMIT APPLICATION**

FOR OFFICE USE ONLY:

NEW  
 RENEWAL

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_

**BUSINESS NAME:** \_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_

(MUST BE A LAKEWOOD ADDRESS)

**EMAIL:** \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE BE SURE TO PLACE HANGER ON REARVIEW MIRROR DURING PERMIT HOURS  
FAILURE TO DISPLAY PERMIT MAY RESULT IN THE ISSUANCE OF A PARKING VIOLATION CITATION

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Lot # \_\_\_\_\_ Permit # \_\_\_\_\_ Permit Color \_\_\_\_\_

Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_