

CITY OF LAKEWOOD
RESIDENTIAL PARKING PERMIT APPLICATION

FOR OFFICE USE ONLY: ____ NEW ____ RENEWAL
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Applicant's Name: _____

Address: _____ Daytime Telephone: _____

E-Mail: _____

Are you the: ____ Homeowner ____ Tenant
Is your residence: ____ Single Family ____ Double ____ Apartment
Are you applying for a: ____ New Permit ____ Renewal Permit (Permit #(s) _____)

Signature of Applicant: _____ Date: _____

PERMIT VALID THROUGH JUNE 30TH; \$5.00 NON-REFUNDABLE/NON-PRORATABLE ANNUAL FEE
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

Verification of Residence (driver's license, utility bill, lease): _____

Permit #(s) _____ Issue Date _____ Expiration Date _____