

PERMIT NO. _____

**APPLICATION
CITY OF WAUPACA
OVERNIGHT
PARKING LOT PERMIT**

I, the undersigned, hereby apply for a permit for overnight parking, as specified in Ordinance No. 24-96, in the following municipal parking lots:

- Southwest corner of S. Washington Street and E. Union Streets AND Southeast corner of S. Franklin Street and E. Union Street;
- Southeast corner of N. Washington and Granite Streets;
- Rotary Riverview Park (east of N. Main Street along Cooper Street.)

(No overnight parking is allowed in the lot behind the City Hall/Library building).

Name (Please Print)

Address-Include Apt No if applicable

PHONE NO. HOME (_____) _____
WORK(_____) _____

DRIVER'S LICENSE NO. _____ ST _____

LICENSE PLATE NO. _____ ST _____

MAKE OF CAR _____ COLOR _____

YEAR _____

IS VEHICLE OPERABLE? YES _____ NO _____

Please give the name, address and phone number of person to contact when you cannot be reached.

Name

Address

() _____
Phone Number

-OVER-

I, the undersigned, hereby acknowledge and agree to comply with the following:

- 1. Permit must be displayed in the inside lower left corner of the back window of the vehicle.**
- 2. The permit is non-transferable and non-refundable.**
- 3. Upon verbal request by the City, to remove the vehicle within two (2) hours from the City parking lot to allow for snow removal services. In my failure to do so, I will accept the financial responsibilities and agree to pay for all towing charges incurred by the City.**
- 4. Any motor vehicle may not remain parked for more than one (1) week without being operated outside the lot. Continual storage of a vehicle in such a manner, upon 24 hour written notice on the vehicle by the City, the vehicle will be towed by the City, with the owner being responsible for all associated costs incurred by the City.**
- 5. Violation of any provision of Ordinance No. 24-96 may require the forfeiture of not less than \$50.00 or not more than \$200.00 in fines, in addition to reimbursement to the City for all expenses incurred.**
- 6. All other section of Ordinance No. 24-96.**

Signed _____ **Applicant** _____ **Date** _____

OFFICE USE ONLY

Date _____

Paid Check # _____

Cash _____

Credit Card _____

Payment Amount _____

Application reviewed and permit issued by

Permit Expiration Date 9/30/ _____