



CITY OF CHARLOTTE
DOWNTOWN RESIDENTIAL OVERNIGHT
PARKING PERMIT APPLICATION

Application for:

_____ May 1 through October 31, 20____
_____ November 1 through April 30, 20____

Applicant Information: *PLEASE PRINT*

Full Name: _____

Address: _____ Apt.#: _____

Telephone #/Daytime: _____ Evening: _____

Date of Application: _____

Name of Landlord: _____

Landlord Telephone Number: _____

Vehicle Information:

License Plate #: _____ State: _____

Make: _____ Model: _____

Year: _____ Color: _____

Visitor's Parking Permit Issued: _____ Yes _____ No

I have received and read a copy of the Downtown Residential Overnight Parking Brochure, which details rules and regulations for overnight parking. I affirm that the information provided on this form is true and accurate to the best of my knowledge.

Questions and comments regarding tickets must be brought to the Charlotte Police Department, 111 E. Lawrence Avenue, (517)543-1552, Monday through Friday between 8:00 AM and 5:00 PM.

Signature of Applicant: _____ Date: _____

Return completed form to the City of Charlotte Clerk's Office, 111 E. Lawrence Ave.