City of Sturgeon Bay

Request for On-Street Winter Parking Permit

Name: _____

Address: _____

Telephone Number: ***Home:*** _____ ***Work:*** _____

Year and Make of Vehicle: _____

Vehicle License Plate Number: _____ ***Color:*** _____

Explanation of Need for Parking Permit:

_____

_____

Have You Received a On-Street Parking Permit Before?: YES NO If So, When?:

_____

Signature of Applicant: _____ ***Date:*** _____

_____ _____

Department of Public Works ***Date***

$55 for the season (December 1st—April 1st)

OR $28.00 per month

For Office Only _____ ***APPROVED*** _____ ***DENIED***