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**