

**PARKING PERMIT APPLICATION
CITY OF WEYAUWEGA**

OVERNIGHT PARKING LOT PERMIT – Annual Fee \$36.00

I, the undersigned, hereby apply for a permit for overnight parking in the following municipal parking lot:

Wisconsin Street Lot Sticker No. _____
Alfred Street Lot

Name _____ Date _____
(Please print)

Street Address _____

Mailing Address (if different) _____

Phone # (Home) _____ Phone # (Work) _____

Driver's License # _____ State _____

Make, Color, Year of Vehicle _____

License Plate # _____ Operable? ____ Yes ____ No

Please list name, address, & phone # of person to contact if you cannot be reached

Name _____ Phone # _____

Address _____

Landlord _____

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

1. Permit must be displayed inside the vehicle and must be visible from the outside.
2. Permit is non-transferable and non-refundable.
3. Upon request by the City, must remove the vehicle from the parking lot within two (2) hours to allow for snow removal services. If I fail to do so, I will accept financial responsibility and agree to pay for all towing charges incurred by the City.
4. A 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 will result in a 24-hour written notice placed on the vehicle by the City; if not moved the vehicle will be towed by the City with the owner being held responsible for all associated costs incurred by the City.
5. Violation of any provision of this Ordinance may require the forfeiture of not less than \$5.00 or more than \$200.00 in fines, in addition to reimbursement to the City for all expenses incurred.

Signed _____