THE CITY OF COLUMBUS
ANDREW J. GINTHER, MAYOR
DEPARTMENT OF PUBLIC SERVICE

INSTITUTIONAL PARKING PERMIT APPLICATION

PERMIT AREA _____

APPLICATION INSTRUCTIONS

Institutional Uses (churches, schools, etc.) within a Permit Area may be eligible for parking permits. This application must be completed by the institution owner.

Applicants must present a letter on organizational letterhead indicating the institutions name, address, and contact information and a current building signed lease or proof of building ownership. Proof of lease must indicate the institution as the primary lease holder.

Applicants meeting all requirements will be eligible for up to fifty (50) permits. Please visit www.ParkColumbus.com to review the Permit Parking Rules and Regulations for the fee structure and information associated with the requested Permit Area.

Applicants are required to pay all outstanding parking tickets before obtaining a permit.

Cash, check and credit card (Visa, Mastercard, and Discover) accepted. Please make check/money order payable to: Treasurer, City of Columbus. A $25 Return Check Fee applies for checks returned by the bank.

APPLICANT INFORMATION (PLEASE PRINT)

PERMIT AREA _____ NUMBER OF PERMITS REQUESTING _____

BUSINESS NAME _____

BUSINESS OWNER NAME _____

BUSINESS ADDRESS _____

PHONE _____EMAIL _____

VEHICLE INFORMATION

Once the applicants permit has been approved and online account has been created, the permit holder will be required to log into the online account portal to register the vehicle make, year, state and license plate of each vehicle that will eligible to use a permit. More than one vehicle is allowed on each permit, but no more than one vehicle can use a permit at a given time. It is the responsibility of the permit holder to manage parking permits on a daily basis.

By my signature below, I attest that I will adhere to the *City of Columbus Permit Parking Rules and Regulations*, and I further certify that all statements herein and attached are true to the best of my knowledge and belief.

_____ _____

Applicant Signature **Date**

OFFICE USE ONLY

Date Application Received _____ Type of Institution Verification _____

Date Issued _____ Issued By _____ Amount Paid _____ CK # _____CA _____CC _____

Permit Number(s) Issued _____