

RESIDENTIAL ONE DAY PASS APPLICATION

DATE _____
PERMIT AREA _____

APPLICATION INSTRUCTIONS

To obtain a one day permit parking pass, please complete the following information.

Permit holders may receive five (5) one day passes at no cost per year. After the first five (5) one day passes have been issued, the remaining passes will cost \$1.00 each.

Permit holders residing in permit zones SNA, SNB, SNC, SND, SNE, VG, and CH are not eligible to apply for one day passes. Permit holders in these zones are required to use the online portal to manage guest passes.

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 _____

RESIDENT NAME _____

RESIDENT ADDRESS _____

PHONE _____ EMAIL _____

TOTAL NUMBER OF PERMITS REQUESTED _____

DATE(S) ONE DAY PASSES WILL BE VALID _____

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 _____ Number of Permits Issued _____

Permit Numbers Issued _____

Date Issued _____ Issued By _____ Amount Paid _____ CK # _____ CA _____ CC _____