

REPLACEMENT PARKING PERMIT APPLICATION

DATE _____
PERMIT AREA _____

APPLICATION INSTRUCTIONS

To obtain a replacement permit, the applicant must submit the original permit sticker along with the corresponding visitor hangtag, if applicable. The applicant must also provide a current vehicle registration.

Applicants meeting all requirements will receive one (1) replacement parking permit at NO CHARGE. If additional replacement permits are request, the applicant will be required to pay \$25 per replacement. Applicants that received a parking permit fee reduction, will be required to pay \$10 per replacement.

This application does not apply to permit holders residing in permit zones SNA, SNB, SNC, SND, SNE, VG, and CH.

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 PERMIT EMPLOYEE PERMIT

NAME _____

ADDRESS _____

PHONE _____ EMAIL _____

VEHICLE MAKE _____ YEAR _____ STATE _____ LICENSE PLATE # _____

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 _____ Resident Permit _____ Employee Permit _____

Old Permit No. _____ Replacement Permit No. _____

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