



DEPARTMENT OF PUBLIC SERVICE

MOTORIZED TWO WHEELED VEHICLE PARKING PERMIT APPLICATION

DATE _____

APPLICATION INSTRUCTIONS

Applicants must present a valid driver's license and a current motorcycle, moped, or motor scooter registration to obtain a motorized two wheel vehicle parking permit.

Applicants meeting all requirements will receive a motorized two wheeled vehicle parking permit for \$50 each and expire on March 31st each year.

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

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

Application may be submitted by email at parkingservices@columbus.gov, by US Postal mail, or in-person at Parking Services, 2700 Impound Lot Road, Columbus, Ohio 43207.

Please note: Motorcycles, mopeds, and motor scooters may legally park anywhere vehicles may park according to Columbus City Code. More than one motorized two-wheeled vehicle can park in the same parking metered space as long as meter payment is made. The motorized two wheeled vehicle parking permit allows permit holders to legally park at any "TW Permit" designated area. Please go to www.ParkColumbus.com for additional information on motorized two wheeled vehicle parking and designated locations.

APPLICANT INFORMATION (PLEASE PRINT)

NAME _____

ADDRESS _____

PHONE _____ EMAIL _____

VEHICLE MAKE _____ YEAR _____ STATE _____ LICENSE PLATE # _____

By my signature below, I certify that all statements herein and attached are true to the best of my knowledge and belief. Furthermore, I understand this permit is for my own personal use and is non-transferable. Should I sell my vehicle, I agree to surrender my permit to Parking Services, 2700 Impound Lot Road, Columbus, Ohio, 43207.

Applicant Signature

Date

OFFICE USE ONLY

Date Application Received _____ Type of Vehicle Verification _____

Permit Number Issued TW- _____

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