

CITY OF BEXLEY
PARKING PERMIT APPLICATION
MAXIMUM 3 PERMITS PER ADDRESS

MUST BE A RESIDENT OF THE ADDRESS LISTED BELOW. PLACE PERMIT ON LEFT SIDE OF REAR BUMPER.

ADDRESS:

VEHICLE 1		
LICENSE PLATE NUMBER:		STATE:
MAKE:	MODEL:	COLOR:
REGISTERED OWNER INFORMATION		
NAME:	LAST 4 OF SSN:	SEX:
HOME PHONE NUMBER:	WORK PHONE NUMBER:	
Permit Number:		

VEHICLE 2		
LICENSE PLATE NUMBER:		STATE:
MAKE:	MODEL:	COLOR:
REGISTERED OWNER INFORMATION		
NAME:	LAST 4 OF SSN:	SEX:
HOME PHONE NUMBER:	WORK PHONE NUMBER:	
Permit Number:		

VEHICLE 3		
LICENSE PLATE NUMBER:		STATE:
MAKE:	MODEL:	COLOR:
REGISTERED OWNER INFORMATION		
NAME:	LAST 4 OF SSN:	SEX:
HOME PHONE NUMBER:	WORK PHONE NUMBER:	
Permit Number:		

OFFICE USE ONLY	
DATE ISSUED:	<input type="checkbox"/> NEW <input type="checkbox"/> REPLACEMENT
PROOF OF RESIDENCY:	ISSUED BY: