

EXTENDED PARKING PERMIT for LOT R OR W

TOWN LOT: _____

FILE NUMBER _____

Name: _____

(Last Name)

(First Name)

Address: _____

(City)

(State)

(Zip Code)

Number of Days Requested 30 Dates Requested: _____

Reason for Request for Extended Parking: _____

Make/Model/Year of Vehicle and/or Description of Trailer: _____

License Plate Number: _____

Amount Paid: \$ _____ Received by: _____ Date: _____

(Cost of Extended Parking Permit is \$52.75 (\$50.00 plus 5.5% sales tax)/month as per Schedule of Fees)

THIS PERMIT WILL BE VALID ONLY FOR: _____ **TO** _____

(Start Date)

(End Date)

Approved by Town Clerk/Deputy: _____

(Signature of Town Clerk or Deputy Clerk)

(Date)

Please prominently display extended parking permit inside the windshield of your parked vehicle, on the driver's side where the permit can be clearly observed as per §425-17 Town of La Pointe Code of Ordinances

Approved by the Town Board December 30, 2019 for 2020