

PARKING AUTHORITY **CITY OF POTTSVILLE, PENNSYLVANIA**

City Hall, 401 N. Centre St. - 1st Floor, Pottsville, PA 17901

(570) 628-9184

Residential Parking Permit #: ______

Residential Parking Area: _____

2023 - 2024 RESIDENTIAL PARKING PERMIT APPLICATION

APPLICANT CONTACT INFORMATION:

NAME:			DRIVER'S LICENSE #: _		
ADDRESS:				APT #:	
CITY:		STATE:	ZIP CODE:		
HOME / CELL PHONE N	UMBER:				
EMAIL ADDRESS:					
PRIMARY VEHICLE INFO	ORMATION:				
LICENSE PLATE NUMBE	R:			STATE OF ISSUE:	
MAKE:	MODEL:		COLOR:	YEAR:	
SECOND VEHICLE INFO	RMATION:				
LICENSE PLATE NUMBE	R:			STATE OF ISSUE:	
МАКЕ:	MODEL:		COLOR:	YEAR:	
Proof of Resider	icy:				
Please chec	k one: (please attach legi	ible photoc	opy of one of the fo	llowing documents)	
	Current lease with your name and address on the document				
	Current utility bill with your name and address on the document				
	Notarized letter from the landlord with name and address on the document				
Residential Parking Per	nation on this Residential Park mit Guidelines. I understand th prity. I acknowledge that failur	ne vehicle on	which the permit is dis	olayed must be registered	l with the

that it is my responsibility to inform all members of my household and visitors on the correct use of my permit.

Signature: