

City Of Columbia PARKING SERVICES DEPARTMENT 820 WASHINGTON ST. COLUMBIA SC 29201 - PHONE: 803-545-4015 HOMEOWNER APPLICATION FOR RESIDENTIAL PARKING PERMIT

New Renewal									
Name (Please Print		Phone: ()							
Address:			City:		State:		Zip Code:		
Email Address:									
First Vehicle Tag #:	First Vehicle Tag #: Vehicle State:		0				of Visitor Permits equested: (Max 3)		
I hereby certify the information listed above is true and correct. I have received a printed copy of the regulations regarding this permit. I understand the permit issued is valid through the expiration date listed below and punched on the physical permit. I understand that any errors in this information will result in the cancellation of any and all permits issued. I further understand that to qualify for a permit, I will pay or cause to be paid any and all past due parking citations issued to my vehicle by the city.									
Applicant/Homeowner Signature:					Da	Date:			
DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY									
Issued By:									
HO Permit #1:	HO Permit #2:	Visitor Peri Visitor Peri Visitor Peri	mit #2:	Expiration Date:		ion Date:			
Receipt #:	eceipt #: Amount Paid:								
Comments:									
Revised 1/6/15									