



HOMEOWNER APPLICATION FOR RESIDENTIAL PARKING PERMIT

PARKING SERVICES DEPARTMENT

820 WASHINGTON ST. COLUMBIA SC 29201 - PHONE: 803-545-4015

| | | | | |
|---|----------------|-----------------------|---|---|
| <input type="checkbox"/> New <input type="checkbox"/> Renewal | | | | |
| Name (Please Print): | | | Phone: () _____ - _____ | |
| Address: | | City: | State: | Zip Code: |
| Email Address: | | | | |
| First Vehicle Tag #: | Vehicle State: | Second Vehicle Tag #: | Vehicle State: | # of Visitor Permits Requested: (Granted up to 3) |
| <p>I hereby certify the information listed above is true and correct. 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. Any changes to the vehicle license plate must be advised to Parking Services. The permit must be brought to Parking Services so changes may take effect. Any changes done by the permit holder will result in cancellation of any and all permits issued. I further understand that to qualify for a permit, I will pay any and all past due parking citations issued to my vehicle by the city.</p> | | | | |
| Applicant/Homeowner Signature: | | | Date: | |
| DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY | | | | |
| Issued By: | | | | |
| HO Permit #1: | HO Permit #2: | Visitor Permit #1: | Expiration Date: 12/31/26 | |
| | | Visitor Permit #2: | | |
| | | Visitor Permit #3: | | |
| Receipt #: | Amount Paid: | | | |
| Comments: | | | | |