



**TENANT APPLICATION FOR RESIDENTIAL PARKING PERMIT**

**PARKING SERVICES DEPARTMENT**

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

Select Application Type: Circle One <b>NEW</b> or <b>RENEWAL</b>			
First Name (Please Print):		Last Name (Please Print):	
			Phone#:
Address:		Apartment #:	
Number of Persons at Address:		Email Address:	
Vehicle Tag #:		Vehicle State:	# Off Street Spaces Available: N/A
<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. 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 Signature:			Date:
<i>DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY</i>			
Issued By:			
Tenant Permit #:	Visitor Permit#1	Visitor Permit#2	Expiration Date:
<b>T-</b>	<b>TV-</b>	<b>TV-</b>	
Receipt #:	Amount Paid:		
Comments:			
Revised 12/3/24			

**RESET**

**SUBMIT**