



Permit/Card #

For Office Use Only

CITY OF CLEARWATER

MONTHLY PARKING APPLICATION

NAME: _____

GARAGE/LOT: _____ STARTING DATE: _____

NAME OF EMPLOYER: _____

EMPLOYER ADDRESS: _____ PHONE # _____

E-MAIL ADDRESS: _____

VEHICLE YEAR/MAKE/MODEL/COLOR: TAG # (Please include State)

(1) _____

HOME ADDRESS: _____ TELEPHONE # _____

GARAGE FEE (IF APPLICABLE) PAID BY:

COMPANY YES _____ NO _____
INDIVIDUAL YES _____ NO _____

SIGNATURE OF APPLICANT

DATE

RETURNED FOR REFUND:

Card # Date Amount Initials