PRIVATE PARKING LICENSE APPLICATION

Name:			
	First	Initial L	ast
Home Address:			Phone:
Business Addres	SS:		Phone:
Name of Employer/Business:			
PLEASE SUBMIT THE FOLLOWING INFORMATION:			
1. Where do you park now?			
2. How many parking spaces are you applying for?			
3. Please indicate your preference of lots below "1" thru "5" with "1" being your most preferred lot and "5" being your least preferred.			
(Lot <u>W. Pa</u> (Lot <u>W. M</u>	atriot St. & Ank across from Mel's \$3 atriot St. & S. E behind the F.O.E. \$2 ain St & Park A at Cascio's Fruit Mk	0.00 p/mo) 2dgewood Ave. 0.00 p/mo) Ave.	<u>E. Patriot St. & Court Ave</u> . (Lot beside PNC Bank \$30.00 p/mo) <u>E. Union St. & Court Ave</u> . (Across from Court House \$30.00 p/mo)
By signing this Application I am certifying that I am not provided with off- street parking by my employer.			

Signature of Applicant

Date

Approved By

Date