

**City of Salisbury
RESIDENTIAL
Parking Permit Application**

Name of Company (For Group Permits) _____

Name of Permit Holder (Please Print): _____

Home Address: _____

City State Zip Code

Day Time Phone Number: _____

Permit Location: _____

1st Vehicle Make/Model: _____ Vehicle Color: _____

Tag Number: _____ State: _____

2nd Vehicle Make/Model: _____ Vehicle Color: _____

Tag Number: _____ State: _____

All permits should be hanging from the rear view mirror and be visible at all times. Permit holders must park in the area that is designated on their permit; otherwise a parking citation can be issued. It is the permit holder's responsibility to keep permits valid and visible.

I have read and agreed to the terms of the City of Salisbury Parking Permits:

Signature of Applicant

Date