Parking District Exemption Request

Business/Person _____

Contact Person _____

Address _____

Telephone Number(s) _____ _____

Date(s) Requested _____ to _____

Request_____

_____

_____

_____

_____

_____

_____

_____

Date Received_____ Received by_____

Approved ( ) Denied ( ) By _____
Date _____
Conditions/Response_____

_____

_____

_____

_____

_____

_____