



P. O. Box 51 Cedarville, Ohio 45314 villageadministrator@cedarville.us 937-371-6151

## PARKING PERMIT APPLICATION

For the use of designated 2:00 am to 5:00 am parking spaces in the Village of Cedarville municipal lots

You must be a tenant of a rental property registered in the Historical Business District to apply for this permit

First Name Last Name			
Cedarville Address			
Contact Phone		Email	
Driver's License No	0.		33 \ 1// \
Vehicle Make	7-22	Model	
Color	License Plate No.		State
Type of Permit App	lying For:	September	
Application must in	clude:		
그리는 그렇게 되는데 이 이 것 같아요?	ur current rental agreeme	nt	
b. A front and b	eack copy of your valid di	river's licer	nse
c. Application f	Gee: \$20 per month or \$18	0 annual	
accurate and truthful. S	Should any information subm	nitted in this	Il information on this form is form change, I will notify the on will result in the revocation
only. I will hang my pa	arking permit from the rear viermit parking space. I understa	iew mirror of	for the above referenced vehicle my vehicle while utilizing any failure to do so may result in my
Signature of Applicant		,	Date
OFFICE USE ONLY Application ap	proved  denied Reason fo	or denial	
Permit No.		_	Date
Signature of Approver			