



**MUNICIPALITY OF LEAMINGTON
ON STREET PARKING PERMIT
APPLICATION**

Date : _____

No. of Vehicles: _____

(total # at residence)

Vehicle Owner Name: _____

Address: _____

Postal Code: _____ Telephone: _____

Vehicle Make and Model: _____

Vehicle License Number: _____

Street (where vehicle will be parked): _____

REASON FOR APPLICATION (please check where applicable):

- Owners, tenants and occupants of premises, owning a motor vehicle and having no on-site parking facilities.
- Owners, tenants and occupants of premises, owning a motor vehicle, where there is no on-site parking available and where there is more than one car.
- Owners, tenants and occupants of premises, owning a motor vehicle where off-street parking facilities are available but there are more cars than on-site parking will accommodate.

FEE - \$35.00 plus G.S.T.

Signature of Applicant: _____

OFFICE USE ONLY

Investigated by: _____ Date: _____

Comments: _____

Approved By: _____ Date: _____

On Street Parking Permit #: _____

Date of Issue: _____