

OFFICIAL USE ONLY APP. DATE: _____ Via Mail: _____ Taxes: _____ Tickets: _____ M/C: _____ Lease Dates: _____ Vin# _____	OFFICIAL USE ONLY Permit No.: _____ Date Issued: _____ Issued by: _____
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CITY OF NEWPORT
Application for Residential Parking Permit
INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

EACH APPLICATION MUST BE ACCOMPANIED BY ORIGINAL OR LEGIBLE COPY OF **VALID VEHICLE REGISTRATION, VALID DRIVERS LICENSE OF PRINCIPAL OPERATOR AND PROOF OF RESIDENCY**
ADDITIONAL FORMS MAY BE REQUIRED BUT WILL BE RETURNED

VEHICLE INFORMATION AS LISTED ON THE REGISTRATION

Year _____	Make _____	Model _____	Color _____
State _____	Registration(Plate#) _____	Expiration Date _____	
Name _____			
	Last (Company Name / Lease Company Name)	First	Middle Initial
Address: _____			
	Number	Street	Apt. #
	City	State	Zip Code

ALL PREVIOUS LAST NAMES EVER USED:(MAIDEN OR MARRIED) _____

PRINCIPAL OPERATOR INFORMATION

NAME: _____			
	LAST	FIRST	MIDDLE
DRIVERS LICENSE No: _____	Exp: _____	State _____	Date of Birth _____

LOCAL INFORMATION OF APPLICANT

LOCAL ADDRESS: _____			
	Number	Street	Apt. #
	City	State	Zip Code
TELEPHONE NUMBER: _____		EMAIL ADDRESS: _____	

*By Newport City Code (Section 10.32.090e), permit **MUST BE PERMANENTLY** affixed to the **FRONT WINDSHEILD, LOWER LEFT CORNER OF DRIVERS SIDE ONLY.**

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT

PLEASE SIGN HERE----->

Issued To: _____

(Signature Of Applicant)