



THE CITY OF
**LA CROSSE
WISCONSIN**
Police Department • Parking Utility
400 La Crosse Street, La Crosse, WI 54601



APPLICATION FOR RESIDENTIAL PARKING PERMIT

PROOF OF RESIDENCY MUST BE SUBMITTED WITH THIS APPLICATION

APPLICANT INFORMATION – PLEASE PRINT

APPLICANT'S NAME			APPLICANT'S PHONE		
_____	_____	_____	_____		
Last	First	M.I.	Daytime Phone		
Date of Birth (MM/DD/YY):	Sex:	E-mail:			
_____	_____	_____			

RESIDENTIAL PERMIT ADDRESS			<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT/LESSEE
_____			_____	
Street Address			Apt. #	Zip Code

DRIVER'S LICENSE & VEHICLE INFORMATION

State of ID Issuance:	Driver's License/State ID Number:	Address as printed on Driver's License/State ID:		
_____	_____	_____		
Vehicle License Plate #:	License Plate State:	Vehicle Registered Owner's Name:		
_____	_____	_____		
Vehicle Year:	Vehicle Make:	Vehicle Model:	Vehicle Color:	
_____	_____	_____	_____	

PRIOR TO ISSUANCE OF THE RESIDENTIAL PARKING EXEMPTION PERMIT, THE APPLICANT SHALL RECEIVE A COPY OF PERTINENT REGULATIONS AND CONDITIONS CONCERNING SUCH PERMIT. IN RELATION TO THIS INFORMATION, THE APPLICANT'S SIGNATURE IS REQUIRED BELOW.

I HAVE READ AND UNDERSTAND THE REGULATIONS AND CONDITIONS FOR THIS PERMIT.

X _____
Applicant Signature Date Signed

FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

Date of Application:	Processed By:
_____	_____
<input type="checkbox"/> TTY 10-27, 10-29 NAME	<input type="checkbox"/> ZONING CHECK (ENGINEERING DEPARTMENT)
<input type="checkbox"/> TTY 10-28 VEHICLE PLATE	<input type="checkbox"/> PARKING TICKETS OWED \$ _____
<input type="checkbox"/> PERMIT ISSUED	<input type="checkbox"/> DATE MAILED _____