OFFICIAL USE ONLY	*OFFICIAL USE ONLY*
App. Date:_____ Via Mail:_____ Comm.:_____	Permit No.:_____
Taxes: _____ Lease: _____	
Ticket: _____ M/C:_____	Date Issued:_____Issued by: _____

CITY OF NEWPORT

Application for Residental Parking Permit

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

EACH APPLICATION MUST BE ACCOMPANIED BY ORIGINAL OR LEGIBLE COPY OF VALID REGISTRATION, VALID DRIVERS LICENSE OF PRINCIPAL OPERATOR AND PROOF OF RESIDENCY.

VEHICLE INFORMATION **Year**_____ **Make:**_____**Model:**_____**Color**_____

(as listed on registration) **State**_____**Registration(Plate#)**_____**exp:**_____

Name:_____
Last (or company/lease name) First Middle Initial

ALL PREVIOUS LAST NAMES EVER USED: _____ _____ _____

Address:_____
Number Street Apt. #

_____
City State Zip Code

Date of Birth: _____
Month Day Year

PRINCIPAL OPERATOR Name:_____
Last First Middle Initial

ALL PREVIOUS LAST NAMES EVER USED: _____ _____ _____

Local Address:_____
Number Street Apt. #

_____
City State Zip Code

Telephone: Residence: _____ Business:_____

Drivers License No:_____ **exp.:**_____ **State** _____ **Date of Birth**_____

* By Newport City Code (Section 10.32.090e), permit MUST BE PERMANENTLY affixed to the **FRONT WINDSHIELD, LOWER LEFT CORNER OF DRIVERS SIDE ONLY.**
I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT.

Issued to: _____
(***signature***)