



CITY OF SALISBURY

PARKING PERMIT APPLICATION

125 N. DIVISION STREET, ROOM B-10, SALISBURY, MD 21801
OFFICE 410-548-3190 * FAX 410-548-3192

Name of Company (for Group Permits): _____

Name of Permit Holder (please print): _____

Business Address: _____
(Street) (City) (Zip)

Home Address: _____
(Street) (City) (Zip)

Email Address: _____

Day Time Phone Number(s): (_____) - _____ - _____ (_____) - _____ - _____

Please print clearly. Your permit number is assigned to your license plate number and vehicle make/model.

1ST Vehicle Make/Model: _____ Vehicle Color: _____

License Plate Number: _____ State: _____

2nd Vehicle Make/Model: _____ Vehicle Color: _____

License Plate Number: _____ State: _____

Permit Location: _____

IMPORTANT NOTES:

Hangtag permits should be hanging from the rear view mirror, facing outward, when parked in a permit area. It is the permit holder's responsibility to keep their permit(s) up-to-date and visible, and to return the permit to the Parking Office when no longer needed.

Hangtag permits are valid only for the location/permit lot indicated on the hangtag.

For Office Use Only:

Renewal: _____ Amount Paid: _____ by: _____

Permit Number: _____ Effective Dates: _____ to _____

Permit Lot: _____ Notes: _____

Signature of Applicant

Date