CITY OF APPLETON
PARKING DIVISION

Please fill out the following information in order to obtain a parking permit.

CUSTOMER INFORMATION:

Name _____ License Plate # _____

Address _____

City _____ State _____ Zip _____

Home/Cell Phone _____ Work Phone _____

Email Address _____

OFFICE USE ONLY

Card #_____ Ramp _____

Type of Permit: Deluxe Paid: Monthly / Quarterly / Annually

Start Date _____ Paid Thru Date _____

Cost of Permit (includes $3.15 activation fee) $_____ + (5% tax) $_____ = $_____

Receipt No. _____ Entered into System by: _____

Entered into Spreadsheet by: _____