



[CITY OF]
OTTUMWA



APPLICATION FOR CITY PARKING PERMIT

Name: _____

Address: _____

Phone Number: _____
(Phone number must be available to reach between the hours of 8:00 A.M. and 4:30 P.M.)

Alternative Phone Number: _____

Email Address: _____

Desired Lot: _____

Purpose: Residential Business Personal Other

If other please specify: _____

(Office Use Only Below This Line)

Date of Application: _____

Lot Assigned: _____

If Residential, Was Proof of Residency Verified: Yes No

Was Applicant provided Parking Lot Rules & Regulations: Yes No

Employee Processing Application: _____