



TEMPORARY OVERNIGHT PARKING PERMIT APPLICATION FORM

Office of the City Engineer
Bylaw Department
944 James Street, P.O. Box 1539
Woodstock, ON N4S 0A7

APPLICATION DATE: _____

Applicant Information

Name of Applicant: _____

Address: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Reason for Parking Exemption: _____

Date(s) Requested: _____

Signature: _____

Vehicle Information

Vehicle(s) owned by: _____ Owner/Tenant Visitor

Date(s) Requested: _____

Maximum 14 days per property.

Permit Fee: \$5.00/vehicle (taxes incl.)

	Vehicle Make	Vehicle Model	Vehicle Plate Number	Permit Number
1.				
2.				
3.				
4.				

OFFICE USE ONLY

APPROVED

DENIED

Approved parking location: _____

Comments: _____

Payment breakdown: \$ _____ HST: \$ _____ Amount Due: \$ _____

Payment type: Cash Cheque Debit