

Southeast Five Points
**RESIDENTIAL PARKING
PERMIT
APPLICATION**

Please note: All residential addresses must be verified with the following documentation, Picture Id as well as proof of residence within the last 30 days.

Date: _____

Resident Name: _____

Resident Address: _____

Telephone Number: _____

I hereby acknowledge that the address listed above is my address of residence and that I have received the Residential Parking Permits as indicated above. I understand that I am responsible for the use of all permits issued to me and I attest that each parking permit issued to me will be used in accordance with the guidelines set forth in the Athens-Clarke County Code, Section 3-3-48 entitled "Privileges and Restriction on Residential Parking Permits." I further understand that these permits are to be used only by my family, another resident of my address, and/or visitors to my address. I am fully aware that should the permit(s) issued to me become lost, I will not be issued replacement permit(s). I acknowledge that I have received a copy of the ACC Transportation & Public Works Department Policy/Procedure Statement, TE-005 for my reference and information. I also understand that ACC Transportation & Public Works can revoke the permit(s) issued to me at any time if the permit(s) are used in a manner that is inconsistent with the applicable ACC Code, and that I can be ticketed if I do not have the permit displayed in the vehicle that is parked on the street during permit restricted hours.

Signature

Date

Transportation and Public
Works Department use only

Payment received by:

Date:

Receipt Number:

⊕ **Address verification documentation** ⊕

Name of Document (s)

Verified by:

⊕ **2018 Permit Numbers Issued** ⊕

_____ **and** _____

A Or B

Check one

Or

Is this a one day Temporary Pass?

If so what Number: _____ **for Date:** _____