



# COLUMBIA HEIGHTS POLICE DEPARTMENT WINTER OVERNIGHT PARKING PERMIT APPLICATION

PERMIT #:

Date & Time Rec'd by CHPD		Rec'd by	
YOUR NAME			
HOME ADDRESS			
	Columbia Heights, MN 55421-		
Email:		PHONE:	
	House	I OWN it	1-car garage
<i>Check all that apply →</i>	Duplex	I RENT it	2-car garage
	Apartment	I have NO garage	3+ car garage
List the Year, Make, Model, and License Plate (REQUIRED) for the Vehicle(s) you are requesting a permit for.			

How many <u>licensed drivers</u> in your household?		How many <u>vehicles</u> in your household?	
How many <u>off-street</u> parking places available? (Garage + driveway)		Is this a commercial or business vehicle?	
Did you receive a permit last year?		↔ If so, please list the number:	
Do you have any medical condition that should be considered? Please explain →			
What is the reason you are applying for a permit?			

**INCOMPLETE INFORMATION will delay your permit.  
FALSE INFORMATION will be grounds for denial of permit.**

**\*FOR OFFICE USE ONLY\***

APPROVED:		DENIED:	
DENIAL REASON:			