

**City of River Falls
Residential Parking Permit
Application**

PERMIT HOLDER (PLEASE PRINT LEGIBLY)

Rent OR Homeowner

FIRST NAME _____ MI _____ LAST NAME _____

DATE OF BIRTH _____ PHONE NUMBER _____

ADDRESS THAT QUALIFIES APPLICANT FOR PERMIT _____, RIVER FALLS, WI

PERMANENT ADDRESS (IF OTHER THAN ABOVE) _____

CITY _____ STATE _____ ZIP CODE _____

VEHICLE MAKE _____ MODEL _____ STYLE _____
(2/DOOR/4 DOOR/SUV/WAGON/PICK-UP)

COLOR _____

PLATE # _____ STATE _____ ALTERNATE PHONE _____

PROPERTY OWNER ONLY – 2ND VEHICLE INFORMATION

VEHICLE MAKE _____ MODEL _____ STYLE _____
(2/DOOR/4 DOOR/SUV/WAGON/PICK-UP)

COLOR _____

PLATE # _____ STATE _____ ALTERNATE PHONE _____

PROPERTY OWNER ONLY: I WOULD LIKE ONE (1) OR TWO (2) BLOCK SPECIFIC GUEST PERMITS.

I ATTEST UNDER OATH THAT I *PERMANENTLY /* *TEMPORARILY* RESIDE AT A
RESIDENCE COVERED BY THIS PERMIT.

I ACKNOWLEDGE THAT I UNDERSTAND THAT THIS PERMIT IS ONLY FOR THE PARKING ZONE FOR
WHICH IT IS ISSUED.

APPLICANT SIGNATURE _____

DATE _____

OFFICE USE ONLY

Permit # _____

Below for property owners only

Permit # _____

Guest Permit # _____

Guest Permit # _____

Permit Zone _____

Date Permit Issued: _____