TEMPORARY PARKING PERMIT APPLICATION

Parking authorized by this permit is subject to the provisions of the City Ordinance 500.05, Subd. 4, attached, and is subject to cancellation if heavy snowfall or other conditions prevent safe parking.

Address of Event _______________________________________________________________________

Property Owner _________________________________  Phone _______________________________

Date of Event ______________________________  Time of Event _______________________________

Type of Event _________________________________________________________________________

PARKING ZONES:       B       D       E       F       G       H       I       K       L       M

ALTERNATE CONTACTS, if different than above

Contact person available on-site during the event and responsible for parking issues that may arise:
Name ___________________________________________ Phone ______________________________

Accountable person (if different than on-site contact) that police or city staff can call to resolve issues:
Name ___________________________________________ Phone ______________________________

Permit Fee: $5 per day per zone for residents; $25 for a 30-day contractor or resident permit.
Payment $______    check    cash       Date __________

By signing this form, I acknowledge that I have received the Parking Permit Guidelines and accept the permit requirements and responsibilities, and understand that failure to comply may result in illegally parked cars being subject to citation by the Deephaven Police Department.

__________________________________________________________________________
Signature