CITY OF LYNN PARKING DEPARTMENT
RESIDENT PARKING APPLICATION

Date___/___/_____ Please Print Legibly

Name _____ _____ _____ _____
Last First MI Drivers License #

_____ _____ _____ _____ _____
Address Apt/Unit City State Zip

Telephone _____ _____ _____ _____
Home Business Ward Precinct

Type of House Single Two Family Three Family Other _____

Proof of residence Registration License Utility Bills
Other _____

Vehicle Information

Veh#	Year/Make	Color	Registered Owner	Registration #	Expiration Date
1.					
2.					
3.					
4.					

_____
Applicant's Signature

For internal use only. Do not write in section below.

Sticker Information

Veh#	Sticker#	Issue Date
1.		
2.		
3.		
4.		

Visitor Permit Information

Permit#	Expiration Date

TYPE OF APPLICATION New Renewal Update

Completed By _____