CITY OF STANDISH ON-STREET PARKING PERMIT

Date:			_
Applicant:			_
Address:			_
			_
Property Owner:	,		_
Address:			_
			_
Dates of Request:			_
			_
			_
Please list the make, model, year, color, and license plate number for each car that will be parked on City Streets.			
Applicants Signature		Date	
City Clerk		Date	