



**ROSS TOWNSHIP**  
Department of Public Safety

**Parking Permit Application**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Parking Location: \_\_\_\_\_

Permit Requested:    **RESIDENT**     **GUEST-14 DAY**

**For Resident Parking Permit Only:**

Vehicle Make: \_\_\_\_\_

Vehicle Model: \_\_\_\_\_

Vehicle Color: \_\_\_\_\_

Vehicle Registration: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

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**For Official Use Only:**

Date: \_\_\_\_\_

Permit # Issued: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Issued by: \_\_\_\_\_

**ATTACH A COPY OF DRIVER'S LICENSE OR IDENTIFICATION TO APPLICATION**