

MUTTER GOTTES RESIDENTIAL PARKING PERMIT APPLICATION

Please complete and return in person or via mail to: ABM Parking Services 501 Scott Blvd. Covington, KY 41011

APPLICANT INFORMATION All information must be typed or printed legibly.			
Date of Application:			
Name of Applicant:			
Address of Applicant:			Apt. #
City:		State:	Zip:
Applicant Telephone No:		Applicant E-Mail Address:	
Proof of Residency: Utility Bill <input type="checkbox"/> Telephone Bill <input type="checkbox"/> Driver's License <input type="checkbox"/> Auto Insurance Card <input type="checkbox"/> Lease or Deed <input type="checkbox"/> Other <input type="checkbox"/>			
There is a \$25.00 fee per permit, which includes one visitor pass. Maximum 2 parking permits per household.			
Number of Permits Applied For:	Permit Number: (Office Use Only)	Visitors Pass Issued:	Permit Number: (Office Use Only)
One <input type="checkbox"/>		One <input type="checkbox"/>	
Two <input type="checkbox"/>		Two <input type="checkbox"/>	
Notes:			

IMPORTANT INFORMATION ABOUT THE RESIDENTIAL PARKING PROGRAM

Residential Parking Permits will be available to residents of the Mutter Gottes neighborhood. There is a maximum of two permits per household. These passes are valid for one year, renewable annually, and will be coded to each resident/address for Police verification purposes.

Permits **MUST** be placed in the rear window, driver's side, of the vehicle.

Visitor Passes will be provided with each Residential Parking Permit (one per permit purchased). If these are found to be abused or misused, they may be revoked. There is a \$25 charge for replacement of lost or stolen visitor passes. These will be hang-tag style that **MUST be hooked onto the rear-view mirror of visitor cars while they are parked in the restricted zones.**

PRIOR TO THE ISSUANCE OF THE PERMIT, A FEE OF \$25 PER PERMIT IS REQUIRED.

By signing this application, the applicant verifies that the information provided is true and accurate.

Signature of Applicant

Date

Application and Fee Received By: _____
ABM Authorized Staff

Date

