CITY OF INDIAN ROCKS BEACH- RESIDENT BEACH PARKING PERMIT APPLICATION

LAST NAME		FIRST NAME						
STREET ADDRESS	(PINELLAS COUNTY PROPER	TY APPRAISER)						
		,						
PHONE	DRIVERS LICENSE # (last 4 digits)							
OWN:	RENT:	(Minimum 1 year leas	se)					
RELATIONSHIP TO	APPLICANT: SIGNIFICANT O	THER CHIL	D WAR	D				
HAVE YOU OR A	NYONE ELSE IN YOUR HO	USEHOLD OBTAINED	A 25/27 DECAL?	·				
ECAL #	LAST 4 DIGITS VIN #	PLATE #	MAKE	COLOR				

REPLACMENT DECAL:

A \$10.00 fee will be charged for the replacement of resident parking permit							
decals in cases where the permit was lost, stolen, damaged, or a new permit							
is required because of the sale or transfer of a vehicle. Old decal will be							
deactivated and if found will be confiscated and subject to a fine.							
DEACTIVATED DECAL #							
PAYMENT:							

It shall be unlawful for any person to represent that they are entitled to a residential parking permit						
when they are not, or to hold or display such permit at any time when he or she is not entitled to do						
so. A violation of this will result in a fine. It shall be unlawful to sell, assign or otherwise transfer a City-						
issued parking decal to another person, legal entity, or vehicle for which the decal was not applied. A						
violation of this will result in a fine. In addition to a fine, the City retains the right to suspend or revoke						
a parking decal if it is shown that the holder of such decal has violated any of the restrictions.						
I have read above restrictions, and I confirm that all documentation provided to obtain a Decal is						
valid and truthful, all information above is accurate, <u>and the decals issued to the vehicles listed above</u>						
will be permanently affixed to the rear of the vehicle that permit was sought for.						
EMAIL:						
RESIDENT PRINTED NAME:						

RESIDENT SIGNATURE: _____ DATE: _____

CITY OFFICIAL: _____ DATE: _____

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