



Clayton Police Department

RV On-Street Parking Permit Application

Permit Type: _____ Guest (\$25) _____ Resident (\$0) _____

Name: _____

Address: _____

Phone Number: (Home) _____ (Cell) _____

Location RV to be parked: _____

Dates: (72 hours prior to beginning of trip): From _____ To: _____

Dates: (72 hours after trip): From _____ To: _____

Emergency Contact Number: _____

License Plate: _____

Would you prefer to:

____ Pick up Permit

____ Have Permit Mailed (U.S. Mail)

____ Have Permit e-mailed: E-Mail address: _____

FOR OFFICE USE ONLY

Application received by: _____ Date: _____

Permit Issued: # _____ By: _____

Payment received for Guest Permit: _____ Receipt # _____

Delivered: _____ Date: _____ By: _____