



**APPLICATION FOR DOWNTOWN
PARKING PERMIT**

Fee: \$10/fiscal year
May 1-April 30

Name: _____ Phone: _____

Address: _____

VIN: _____ License Plate: _____

Vehicle Owner (if different from above): _____

Address: _____ Phone: _____

Please attach a copy of the vehicle registration with this application.

By signing below, I affirm I do not have access to off-street parking

Signature

Date

If applicant is not the owner of the vehicle, the owner shall also be required to consent to the application.

Owner Signature (if different from applicant)

Date

****The City of Macomb reserves the right to seek additional documentation if necessary****

Return Completed Form To: City Clerk's Office, City Hall 1st Floor, 232 E. Jackson St.
Macomb, IL 61455 | (309) 833-4944