



Shelton Police Department

Special Area Parking Permit Application

Permittee Name (1 per household)

Street Address

Phone Number

Number of Permits applied for

Vehicle Make

Model

License plate (Including State)

Registered Owner's name - Print

Vehicle Make

Model

License plate (Including State)

Registered Owner's name - Print

*****If more than two vehicles please attach another application*****

I have read and understand the responsibilities of Shelton CT's city ordinance 900 – Designation of limited parking permit areas and parking by permit only. I declare that the information provided in this application is true and correct. A false statement or omission made in connection with this application is sufficient cause for denial or revocation of a prior approval.

Signature

Printed Name

Date

To be filled out by the Police Department only

_____ Approved

_____ Denied

_____ Expiration

Chief of Police or designee Signature

Date