

**City of Canby
Parking Permit Application**

Applicant Name: _____

Applicant Address: _____

Contact Information: _____

Parking Location: _____

Vehicle ID Number: _____

Vehicle Make: _____

Vehicle Model: _____

Vehicle Description: (coloring, markings, and other information to help identify the vehicle)

Office Use Only: Approved / Denied

If denied; reason: _____

City Administrator

Date