

Delivery Zone Parking Permit Application

The undersigned is applying for a DELIVERY PERMIT. Under Title 10 (Vehicles & Traffic), a vehicle bearing this permit may:

OCCUPY A DELIVERY ZONE SPACE FOR NOT MORE THAN FORTY-FIVE (45) MINUTES.

The attached map shows the location of designated Delivery Zones.

This permit will be affixed to the interior of the windshield at the lower left corner (interior driver's side). Permanent or magnetic signs with the name of the company in letters at least 2" high must be displayed on the left and right sides of the vehicle using the permit.

The penalty for Delivery Zone parking violations is ten dollars (\$10.00) for each offense. Delivery vehicles accumulating five or more violations that go unpaid for thirty or more days are subject to immobilization / "booting".

Signed by: _____
(Firm/Agency Representative)

(Applicant to complete all items below) *Make checks payable to the City of Great Falls*

Firm: _____ 1st Veh. License Plate No. _____

2nd Veh. License Plate No. _____ *3rd Veh. License Plate No. _____

Contact Name: _____ Phone: _____

Address: _____

(City) (State) (Zip)

+

*List any additional vehicles on a separate sheet and attach to this application.

(Office Use Only)

Fee \$ _____ Date _____ Permit No. _____