## watowa Halland

Overnight Residential Parking Permit Application		<b>\$20</b> Weekly <b>\$100</b> 1-3 Months
FY2024		\$200 3-6 Months
		\$ <b>400</b> Annual
PLEASE PRINT CLEARLY		<b>\$575</b> Annual 9th St De
1. Permit #		Expires On:
2. Applicant Information		
Name Email Ac	ddress	
Address	Apt.#	Downtown Holland, MI 49423
Home/Business Phone	Cell Phone	
• Be on the approved permit list from the Hope • Identify the building where you live: KrakerKraker AnnexGaz	College Housing Office	
3. Vehicle Information		
License Plate #	State	
Make	Model	
Year	Color	
4. Vehicle Owner Name		
(If different from applicant)	Phone	

**Please Check One:** 

## 5. All permit applicants must provide a photocopy of their vehicle registration.

I have received and read a copy of the Downtown Holland Overnight Residential Parking Brochure, which details the rules and regulations for overnight parking as established by the City of Holland. I agree to abide by those rules and regulations. I will park only in the short-term parking lots during the hours of 6:30 pm - 9:30 am, Monday through Saturday, and I realize that I may park in the short-term parking lots all day on Sunday. I understand that I may park in designated spaces in the long-term parking lots at anytime during a twenty four (24) hour period. I understand that I am subject to parking violation tickets if not adhering the rules and that my permit may be revoked if I receive multiple parking tickets. I understand that it is my responsibility to renew my permit prior to its expiration. I affirm that the information provided on this form is true and accurate to the best of my knowledge.

Signature of Applicant Date