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BUSINESS PARKING PERMIT REGISTRATION

DATE: _____

NAME: _____

HOME/CELL PHONE: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

VEHICLE 1:

MAKE/MODEL/YEAR: _____

COLOR/PLATE #/STATE: _____

VEHICLE 2:

MAKE/MODEL/YEAR: _____

COLOR/PLATE #/STATE: _____

ONLY 1 VEHICLE CAN BE PARKED AT A TIME