



# CITY OF FOREST CITY

305 NORTH CLARK STREET ■ P.O. BOX 346 ■ FOREST CITY, IA 50436  
(641) 585-3574 ■ FAX (641) 585-4502

Permit Number: \_\_\_\_\_  
Date: \_\_\_\_\_  
Amount Paid: \_\_\_\_\_

*Office Use Only*

## PARKING LOT OVERNIGHT PARKING PERMIT APPLICATION

APPLICANT

\_\_\_\_\_

ADDRESS

\_\_\_\_\_

\_\_\_\_\_

PERMIT HOLDER

\_\_\_\_\_

ADDRESS

\_\_\_\_\_

\_\_\_\_\_

PHONE

\_\_\_\_\_

VEHICLE

\_\_\_\_\_

LICENSE PLATE

\_\_\_\_\_