



PARKING PERMIT REGISTRATION FORM

TYPE OF PERMIT REQUESTED:

BUSINESS _____ RESIDENTIAL _____

DATE ISSUED: _____

DATE EXPIRES: _____

PERMIT NUMBER: _____

NAME: _____

VEHICLE
MAKE/MODEL: _____

VEHICLE YEAR: _____ COLOR: _____

LICENSE PLATE #: _____

STATE: _____

PHONE #: _____

RULES FOR MUNICIPAL PARKING LOT USERS

Permit holders utilizing any St Albans City, Municipal Parking Lot must agree to the following rules governing the use of the said lots.

- **A Parking Permit allows you to legally park in any of the open municipal parking lots. A parking permit does not reserve or guarantee you a parking spot. All municipal parking lot spaces are available on a first come, first serve basis.**
- All permitted vehicles must be legally registered and in street legal condition.
- No unregistered, abandoned or vehicles in disrepair shall be stored in a Municipal Lot.
- In cases where a business permit holder has added a 2nd vehicle, only **ONE** of the permitted vehicles may be in the lot at any time.
- **Parking permits must be hanging** from the rearview mirror while the vehicle is parked in the municipal lot.
- Vehicles parked overnight must be parked in the spaces closest to Hudson St next to the guard rail or in the Court house parking lot closest to Lake Street on the east side of the parking lot (closest to Main St).
- For proper snow removal a vehicle may not be left in the same space for more than 24 hours without prior authorization, if a vehicle is in violation of this, it is subjected to ticketing and towing.
- Any violation of the rules governing the parking lot regulations may result in the immediate revocation of a parking lot permit (if a fee was paid by the permit holder, no refund will be granted if a revocation occurs)
- Once the fee has been paid and the permit issued, there will be no refunds.
- If your vehicle is sold, traded, or you are temporarily using a loaner/rental car, please contact Ruth Miller at 524-2166, or Ruth.Miller@state.vt.us with the new information.

I agree to abide by all established rules and regulations associated with the City of St Albans Municipal Parking Lot Program and by affixing my signature to this application acknowledge that I have read and understand each of the above.

(Printed Name of Applicant)

(Signature of Applicant)

(Notary Signature)

(Date)