Recreational Vehicle Parking Permit Application CITY OF CANBY

110 OSCAR AVENUE NORTH CANBY, MN 56220

PHONE: 507-223-7295 FAX: 507-223-5170

Applicant:	Applicant inton	nation	
	Applicant Inforr	Phone:	
Applicant Address:			
Applicant Address (if Different)):		
Email Address:			
	Information		
Parking Location:	imormation		
Vehicle License Plate Number:			
Vehicle Make:			
Vehicle Model:			
Vehicle Description: (coloring, r	narkings, and other information to l	neln identify the vehicle)	
Dates of Permit (Shall be no lor	ger than 1 week):		
Dates of Permit (Shall be no lor	ger than 1 week):		
Dates of Permit (Shall be no lor Applicant Signature	ger than 1 week):	Date	
	ger than 1 week):	Date	
Applicant Signature	FOR OFFICE USE (
Applicant Signature			
Applicant Signature Approved:	FOR OFFICE USE (DNLY	
Applicant Signature Approved:	FOR OFFICE USE (Denied	DNLY	
Applicant Signature Approved:	FOR OFFICE USE (DNLY	