Type of Permit Issued Annual □ Transferrable □ 30 Day □



CITY OF GRAND HAVEN DOWNTOWN RESIDENTIAL PARKING PERMIT APPLICATION

Permit Year 2026

Applicant Information: PLEASE PRINT																		
	Full Name:																	
	Add	lress:				Apt. #:												
	Tele	ephon	e#/Day	time:		Evening												
	Is this a short-term rental? (I						(Less than 12 months)Expiration											
	Name of Landlord:																	
	Property owner Telephone Number (If Applicable):																	
Vehicle	Info	rmati	ion:															
	License Plate #: State:																	
						Model:												
	Year: Color:																	
for overr	night	parkin	g. I af	firm t	hat the in	Downtown Conformation processes for the conference of the conferen	provid	led on th	nis f	orm i								
Signature of Applicant:						Date:												
Questions and comments regarding enforcement refer to the Grand Haven Department of Public Safety, 525 Washington Avenue, (616) 842-3460, Monday through Friday between 8:00 A.M. and 5:00 P.M.														525				
(For Official Use Only)														~ .	T .			
Date		Ck#/ Cash		Amount		Date	C	Ck#/ Cash		Amount			Date	Ck#/ Cash		Amou	Amount	
Permit #				Permit #	Purchase Date		ate of oiration		rmit #	Purcha Date		Date of Expiration	Perr #	1111	Purchase Date	Date Expira		