



APPLICATION FOR EXTENDED PARKING PERMIT

Municipal Code 8-3

PO Box 351
50 S Beech Street
Hudson, CO 80642

Phone: 303-536-9311
Fax: 303-536-4753
info@hudsoncolorado.org

Resident's Full Name: _____

Resident's Address: _____

Business Name (if applicable): _____

Resident's Phone: _____ Resident's Email: _____

Mailing Address: _____

Requested Address/Location of Vehicle(s) to be Parked: : _____

Duration (max of 14 days): _____

Description of Vehicle(s)

Type	Make	Model	State/Plate No.

Additional Notes: _____

Applicant's Signature indicating, under penalty of perjury that, to the best of the applicant's knowledge, the foregoing is true, correct, and complete.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Permit #: _____.

Date Received: _____.

Amount Due: _____.

Fee Paid: Staff Initials: _____.

Approved: _____.

Date: _____.

Notes: _____.

_____.