



SEYMOUR POLICE DEPARTMENT

11 Franklin Street
Seymour, Connecticut 06483-2891

MUNICIPAL PARKING STICKER APPLICATION

Name: _____ Home Tel #: _____

Address: _____

Employer's Name & Address _____ Employer's Tel #: _____

Vehicle Information

Year	Make	Model	License Plate #	Registered Owner
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Reason for parking in the downtown area:

Train _____ Bus _____ Other _____

The information provided is correct and complete. I am aware that if I am granted a parking sticker(s), that I am responsible for said sticker(s). The sticker(s) are not transferable and cannot be used on any vehicle other than the vehicle for which the permit is issued.

Signature of Applicant

Date

Office Use

Paid by: _____ Amount: _____ Sticker # _____
Sticker # _____