



CITY OF SANIBEL PARKING PERMIT APPLICATION



VISA/MASTERCARD ACCEPTED

DATE: _____

LAST NAME: _____ FIRST NAME: _____

STREET: _____ UNIT/APT # _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE LOCAL: () _____ OTHER: () _____

EMAIL: _____

FORM OF ID: (P.O. Box not accepted) _____

VEHICLE INFORMATION (NOTE: You must present your physical vehicle registration.)

YEAR	MAKE	MODEL	COLOR	LICENSE PLATE NUMBER	STATE
1.					
2.					

PERMIT TYPE: A B C AC BC TP (CHECK ONE)

PERMIT NUMBER	FEE
1.	
2.	

CITY OF SANIBEL RESIDENT: I declare under penalty of perjury that Sanibel is my legal primary residence.

SIGNATURE: _____

NON-RESIDENT TAXPAYER: I declare under penalty of perjury that I am an owner in part of real property subject to and not exempt from taxation situated with the Sanibel corporate limits:

SIGNATURE: _____

VISITOR B AND C PERMIT: I agree to abide by the parking restrictions of this permit.

SIGNATURE: _____