

VILLAGE OF MONTICELLO
Temporary Parking Permit Application
Staedtler Avenue Parking Lot

Drivers Name: _____

St. Address: _____

Mailing Address: _____

City/State/Zip: _____

DL#: _____

DL State of Issue: _____

Phone: _____

Alternate Phone: _____

Freight Company Name: _____

St. Address: _____

Mailing Address: _____

City/State/Zip: _____

Company Contact Name: _____

Contact Phone: _____

Vehicle License #: _____

Vehicle Make/Model: _____

Vehicle Description: _____

USDOT # if applicable: _____

Parking Dates requested: _____

By signing this permit application, you agree to provide sufficient pads/blocking underneath the trailer parking pedestals or posts before dropping the trailer onto the pavement to prevent damage to the surface of the parking lot. You also agree to assume all liability and responsibility repair costs for damage to the parking lot surface for failure to provide such pads/blocking and to pay any legal costs associated with enforcing and/or complying with any provisions or requirements of this permit

Signed: _____ Date: _____