



Board of Public Safety

Civic Center Complex, Room 301 • 1 NW Martin Luther King Jr., Blvd.

Evansville, Indiana 47708 • (812) 436-7897

PARKING PERMIT APPLICATION

Driver's Full Name _____

Company Name _____
(if applicable)

Address _____

City/State/Zip Code _____

Contact Telephone Number (include Area Code) _____

Contact Email Address _____

Dates for Parking Permit _____

JOB LOCATION

Address _____
(location where truck would be parked)

VEHICLE DESCRIPTION

Year _____ Make _____ Model _____ Plate # _____

Color _____ Company Logo on Vehicle (circle Y/N) Yes No

TRUCK PARKING

Gross Weight _____ Length _____ Height _____ Width _____

Are you wanting to park this truck at your residence? (circle Y/N) Yes No

I SWEAR AND AFFIRM, THAT ALL STATEMENTS AND REPRESENTATIONS IN THIS APPLICATION ARE TRUE AND CORRECT.

Signature of Applicant _____ Date _____

RETURN THIS APPLICATION TO:

Board of Public Safety
c/o Evansville Police Department
Civic Center
15 NW Martin Luther King, Jr. Blvd
Evansville, IN 47708

----- FOR BOARD OF PUBLIC SAFETY USE ONLY -----

Date Application Received _____

Permit Number _____