

2023 COMMUTER PARKING APPLICATION

Name of Permit Holder: (Last Name, First Name)	Phone # (Home/Mobile/Work- <u>Circle One</u>):
Address:	City, State ZIP:
Do you reside at this address? Yes OR No	Email:
<p style="color: red; margin: 0;">SELECT THE STATION YOU WILL <u>PRIMARY</u> PARK (MANDATORY SELECTION):</p> <p style="margin: 0;">Downtown OR Glen of North Glenview Station</p> <p style="margin: 0; color: red;"><i>You can park at either station, this data is gathered for tracking purposes <u>only</u></i></p>	

PERMIT SELECTION (CHECK ONE)

	Resident of Incorporated Glenview	Non-Resident <i>includes unincorporated Glenview</i>	Resident of Incorporated Glenview	Non-Resident <i>includes unincorporated Glenview</i>
Permit Type	Car/SUV/Truck		Motorcycle	
Annual (1/1/2023-12/31/2023)	n/a	n/a	<input type="checkbox"/> \$100	<input type="checkbox"/> \$135
Monthly NOVEMBER (11/1/2023-11/30/2023)	<input type="checkbox"/> \$25	<input type="checkbox"/> \$33.50	<input type="checkbox"/> \$8.50	<input type="checkbox"/> \$11.25
Monthly DECEMBER (12/1/2023-12/31/2023)	<input type="checkbox"/> \$25	<input type="checkbox"/> \$33.50	<input type="checkbox"/> \$8.50	<input type="checkbox"/> \$11.25

*MONTHLY PERMITS WILL BE SOLD ON OR ABOUT THE 15TH OF THE MONTH FOR THE FOLLOWING MONTH'S PERMIT PERIOD. PAYMENT AND APPLICATIONS WILL ONLY BE ACCEPTED AT THE OPENING OF THE APPROPRIATE PERMIT PERIOD.

VEHICLE INFORMATION

PLEASE LIST BELOW THE RELEVANT INFORMATION FOR VEHICLES IN THE HOUSEHOLD, UNDER THE OWNERSHIP OR CARE OF THE PERMIT HOLDER, WHICH THE PERMIT MAY TRANSFER BETWEEN (UP TO 3).

<i>MAKE/MODEL/COLOR</i>		<i>LICENSE PLATE: STATE & PLATE #</i>	
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PLEASE READ: With submission of this application, you are acknowledging that you understand parking is not granted until the permit is received and can be displayed. Semi-annual permits must be placed in the top corner of the rear window of the driver's side and monthly hang tags must be hanging from rearview mirror while parked at station lots. A citation may be issued if a permit is not properly displayed.

STAFF INITIALS: _____ CHECK #: _____ CC: _____