



City of Reno Residential Parking Permit Application

Name _____

Permit Address _____ Reno, NV _____

Mailing Address _____

Phone _____ Email _____

Vehicle Information:

Plate Number	State	Make	Model	Year	Permit Number (Office Use Only)

Agreement and Signature:

In completing this application for a resident parking permit, I affirm that the information provided is true and complete. I understand that if the information provided is incorrect, my permit(s) may be revoked. I have received, read, and understand the requirements for the program and understand failure to comply with the requirements may result in citation and/or revocation of permit(s). RMC CHAPTER 6.07

Applicant Signature: _____ Date: _____

Office Use Only

I Yr Permit for Long term Resident or Owner July 1st – June 30th <input type="checkbox"/> \$22.00	Proof of Residency <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Real estate tax statement <input type="checkbox"/> A deed <input type="checkbox"/> Municipal water or utility bill w/ applicant's name <input type="checkbox"/> Homeowner's/renter's insurance policy <input type="checkbox"/> Voter's registration <input type="checkbox"/> Current lease/rental agreement (valid through expiration of parking permit)
6mo. Permit for Short Term Resident Jan 1st – June 30th <input type="checkbox"/> \$11.00 July 1st – Dec. 31st <input type="checkbox"/> \$11.00	Current Registration <input type="checkbox"/> Yes <input type="checkbox"/> No State: Exp:
I Yr Visitor Permit Issued <input type="checkbox"/> 6 mo. Visitor Permit Issued <input type="checkbox"/>	Photo Identification <input type="checkbox"/> Yes <input type="checkbox"/> No