

**CITY OF MIDLAND POLICE DEPARTMENT  
VISITOR'S PARKING PERMIT APPLICATION**

(Gray area is for office use only)

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Vehicle #1**

Permit#

Name on Vehicle Registration: \_\_\_\_\_

License Plate Number: \_\_\_\_\_

Year, Make & Model of Vehicle: \_\_\_\_\_

**Vehicle #2**

Permit#

Name on Vehicle Registration: \_\_\_\_\_

License Plate Number: \_\_\_\_\_

Year, Make & Model of Vehicle: \_\_\_\_\_

**Vehicle #3**

Permit#

Name on Vehicle Registration: \_\_\_\_\_

License Plate Number: \_\_\_\_\_

Year, Make & Model of Vehicle: \_\_\_\_\_

Visitors Parking Permits are free and are valid for 30 days only, unless the Applicant has requested more time due to Medical reasons.

**PLEASE CHECK IF PERMIT(S) ARE BEING REQUESTED FOR MEDICAL REASONS.**

I, the undersigned applicant, understand that the City of Midland may check any of the information listed above for accuracy and to ensure that the Parking Permit Program requirements have been met.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_