



**CLAYTON POLICE DEPARTMENT
RV PARKING PERMIT
APPLICATION**

PERMIT TYPE: GUEST (\$30) RESIDENT (\$0)

NAME: _____

PHONE NUMBER: _____

LOCATION RV TO BE PARKED: _____

DATES (72 HOURS PRIOR TO BEGINNING OF TRIP):

From _____ To _____

DATES (72 HOURS AFTER TRIP):

From _____ To _____

EMERGENCY CONTACT PHONE NUMBER: _____

LICENSE PLATE: _____

WOULD YOU LIKE TO:

- PICK UP PERMIT**
- HAVE PERMIT MAILED**
- HAVE PERMIT FAXED** _____
- HAVE PERMIT E-MAILED** _____

FOR OFFICE USE ONLY

APPLICATION RECEIVED BY: _____ **DATE:** _____

PERMIT ISSUED: # _____ **BY** _____

PAYMENT RECEIVED FOR GUEST PERMIT: _____ **RCPT #** _____

DELIVERED: _____ **DATE:** _____ **BY:** _____