



CITY OF JOLIET
Planning Division

150 W. Jefferson Street, Joliet, IL 60432
Phone: 815-724-4050

YEAR: _____

RESIDENTIAL/VISITOR PARKING PERMIT APPLICATION

NAME: _____

ADDRESS: _____

CITY/STATE: _____ **ZIP:** _____

HOME/CELL PHONE: _____ **EMAIL ADDRESS:** _____

VEHICLE INFORMATION: MAKE: _____ MODEL: _____

YEAR: _____ COLOR: _____ LICENSE PLATE NUMBER: _____

VEHICLE INFORMATION: MAKE: _____ MODEL: _____

YEAR: _____ COLOR: _____ LICENSE PLATE NUMBER: _____

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YEAR: _____ COLOR: _____ LICENSE PLATE NUMBER: _____

VEHICLE INFORMATION: MAKE: _____ MODEL: _____

YEAR: _____ COLOR: _____ LICENSE PLATE NUMBER: _____

PROOF OF RESIDENCE: _____

FOR OFFICE USE ONLY:

PERMIT NO.: _____

DATE ISSUED: _____