

## **Town of Berwyn Heights**

5700 Berwyn Road Berwyn Heights, MD 20740 Tel. (301) 474-5000 Fax (301) 474-5002

## **RECREATIONAL / COMMERCIAL VEHICLE PARKING PERMIT**

Name of Applicant:	
Address:	
Phone Number	Cell Phone Number
Email:	
Description of Vehicle:	
Color:	Type:
Year:	Tag:
Make:	State:
Model	Markings/ Lettering:
Effective date:	Expiration Date:
I hereby agree to abide by the regulat 6/3/2015	ions cited in Town Ordinance 119 – Traffic & Parking, as amended
Applicant's Signature	Date:
Application Received by:	
Approved by:	
Date:	