

Menomonee Falls Police Department

Night Parking Permission Application

Date: _____

Name of Person Making Request: _____

Address: _____

Phone Number: _____

VEHICLE INFORMATION

YEAR: _____ MAKE: _____ MODEL: _____

LICENSE PLATE: _____

REGISTERED OWNER'S NAME: _____

LOCATION VEHICLE WILL BE PARKED: _____

REASON FOR THE REQUEST: (Limited space, no off-street parking, etc.)

READ:

- **Vehicle's LICENSE PLATE must be valid, expiration up-to-date and register to the vehicle recorded on this application.**
- **Parking window cling is only valid for the above vehicle. (If plates are changed or transferred to a new vehicle, the owner is responsible for obtaining a new window cling from the Menomonee Falls Police Department.)**
- **Replacement window clings due to misuse or damage will result in an administrative fee of \$5.00 at the discretion of the Department.**
- **Alternate side parking must be adhered to. Even numbered days - park on the even-numbered side of the street. Odd numbered days - park on the odd numbered side of the street. (The date used is the date prior to midnight.)**

OFFICE USE ONLY

Decal Number: _____

Date Processed: _____

PSS initials: _____

Vehicle registration: (Circle one)

Current Expired Not Valid

Reason for denial: _____

PD3536-05/2022