

# **GARBAGE/SNOW DAY PARKING PERMIT**

- ❖ Each vehicle listed on the application **MUST** register to the address you are applying for. Family, friends and company vehicles **ARE NOT** eligible, unless they register to the address listed on the application.
- ❖ The application must list **ALL** vehicles registered to the address whether or not they are in the applicant's name.
- ❖ You are not eligible for permits if you have parking space in your garage/driveway for the number of vehicles registered to your address. If you have a two car garage, that counts as two spaces. If your garage is used to store items, it still counts as available vehicle parking space.
- ❖ Permit fee is **\$50.00** per permit, payable after your application has been approved.
- ❖ Permits are good for two (2) years and expire on December 31<sup>st</sup> of the year indicated on the permit. Permits **DO NOT** automatically renew. You must apply for a new permit at least one (1) month prior to expiration.
- ❖ Permits can **ONLY** be transferred to new vehicles upon the approval of the Police Department.



**MADISON HEIGHTS  
GARBAGE DAY/SNOW DAY  
PARKING PERMIT APPLICATION**



NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Your Trash Day: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**I AM REQUESTING A PERMIT FOR: (PLEASE CHECK ALL THAT APPLY)**

TRASH DAY PARKING  SNOW EMERGENCY PARKING  BOTH

**TOTAL NUMBER OF VEHICLES REGISTERED AT YOUR ADDRESS \_\_\_\_\_**  
You must list ALL of the vehicles registered whether or not they are in your name.

<u>Yr.</u>	<u>Make of Vehicle</u>	<u>Model Name</u>	<u>Color</u>	<u>Michigan License Plate #</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**REASON FOR PARKING REQUEST:**

\_\_\_\_\_

**Use back side of application if more room is needed**

**SIGNATURE OF APPLICANT:** \_\_\_\_\_

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**INSPECTION COMMENTS:** \_\_\_\_\_

**Recommended:** Approval ( ) Denial ( ) \_\_\_\_\_  
Inspecting Officer \_\_\_\_\_ Date \_\_\_\_\_

**Permits Are:** Approved ( ) Denied ( ) \_\_\_\_\_  
Chief/Deputy Chief of Police \_\_\_\_\_ Date \_\_\_\_\_

**\$50 FEE PER PERMIT**

**Fee Paid:** \_\_\_\_\_

**Permit(s) Issued:** \_\_\_\_\_

**Expired Date:** \_\_\_\_\_