RESIDENTIAL PARKING PERMIT APPLICATION

Applicant Information

Date: _____   Street Address: _____

Last Name: _____   Apt #: _____

First Name: _____   Phone #: _____

Date of Birth: _____   Affiliated NRZ: _____

Required Documentation

1. Applicant must provide <u>one</u> form of identification **AND** <u>one</u> form of address verification

Proof of Identification	**Address Verification**
• CT Driver's License	• Previous month utility bill (Gas or Electric)
• CT Issued Identification Card	• Previous quarter MDC Water Bill
• CT Social Services Assistance Card	• Previous month Cable Bill
• U.S. Passport	• Previous month mortgage statement
• U.S. Military Identification Card	• Signed Lease

2. Applicant must provide valid registration for each requested vehicle

Permit Processing and Fees

Processing:

1. Applications will be rejected if the applicant fails to provide required information or has outstanding parking Citations and/or City debt.

2. Once the reason for rejection has been resolved and verified the applicant may reapply.

3. Limit of two (2) permits and one (1) visitor pass per residence

Fees:

1. Each permit and pass costs $25 per year and will be prorated to align with each NRZ permit renewal date

2. Permit fees may be waived at the discretion of HPA if the applicant meets one of the following:

• Deaf	• 65 or older and receives property tax relief
• Permanently and totally disabled and receiving SSA benefits	• Owns a specially equipped vehicle to accommodate a handicapped passenger
• Permanently restricted to a wheelchair	• Epileptic
• Enrolled in DSS Temporary Family Assistance Program or State Assistance Administered Program	

Hartford Parking Authority

Your Place for a Space™

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Vehicle Information

Vehicle #1

Make: _____

Model: _____

VIN: _____

Plate #: _____

Reg State: _____

Vehicle #2

Make: _____

Model: _____

VIN: _____

Plate #: _____

Reg State: _____

Requesting a visitor pass (circle one) **YES / NO**

Official Use

Permit #1 _____   Permit #2 _____   Visitor Pass # _____

Completed by: _____

Date: _____

Transaction Notes:

Check No. _____

MC / VISA / Disc / Amex (Circle)

Change Given: $_____

Other: _____

_____

_____

_____

_____

_____