



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 one form of identification **AND** one form of address verification

Proof of Identification

- CT Driver's License
- CT Issued Identification Card
- CT Social Services Assistance Card
- U.S. Passport
- U.S. Military Identification Card

Address Verification

- Previous month utility bill (Gas or Electric)
- Previous quarter MDC Water Bill
- Previous month Cable Bill
- Previous month mortgage statement
- 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
 - Permanently and totally disabled and receiving SSA benefits
 - Permanently restricted to a wheelchair
 - Enrolled in DSS Temporary Family Assistance Program or State Assistance Administered Program
 - 65 or older and receives property tax relief
 - Owns a specially equipped vehicle to accommodate a handicapped passenger
 - Epileptic



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: _____ Other: _____

Date: _____

Transaction Notes: _____

Check No. _____

MC / VISA / Disc / Amex (Circle) _____

Change Given: \$ _____