



# JEROME POLICE DEPARTMENT

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## INSTRUCTIONS:

PLEASE FILL OUT APPLICANT AND VEHICLE INFORMATION SECTIONS. IF APPLICABLE, PLEASE PROVIDE ANY ADDITIONAL PERTINENT INFORMATION IN THE COMMENTS BOX. **A PERMIT WILL BE GRANTED BASED ON THE NUMBER OF ELIGIBLE, RECOGNIZED DWELLING UNITS.**

## PARKING PERMIT APPLICANT'S INFORMATION:

HOME OWNER NAME:	<input type="text"/>	PHONE #:	<input type="text"/>
PHYSICAL ADDRESS:	<input type="text"/>	CITY/ZIP:	<input type="text"/>
MAILING ADDRESS:	<input type="text"/>	CITY/ZIP:	<input type="text"/>

## VEHICLE INFORMATION:

LICENSE PLATE:	<input type="text"/>	STATE:	<input type="text"/>				
YEAR/MAKE:	<input type="text"/>	MODEL:	<input type="text"/>	STYLE:	<input type="text"/>	COLOR:	<input type="text"/>
REQUEST HANDICAP STATUS (Y/N):	<input type="checkbox"/>	ADOT HANDICAP PERMIT # (REQUIRED):	<input type="text"/>				

COMMENTS:

<b>For Jerome Police Department Use Only:</b>		Date/Timestamp:	<input type="text"/>		
Permit #1:	<input type="text"/>	Date Issued:	<input type="text"/>	Handicap:	<input type="checkbox"/>
Permit #2:	<input type="text"/>	Date Issued:	<input type="text"/>	Fee:	<input type="text"/>
Signature:	_____		Date:	_____	