



RESIDENTIAL PARKING PERMIT APPLICATION FOR CAINE KEYS PARKING DISTRICT I

Applicant's Name _____

Ocean City Address _____

Cell Phone _____ Ocean City Home Phone _____

Number of Permits Requested (**Maximum 2**) _____

Payment Enclosed (check one) _____ \$3 for 1 permit; _____ \$5 for 2 permits
(Make checks payable to Mayor and City Council)

Applicant's Signature _____ Date _____

PLEASE NOTE:

- Permit allows parking on street during restricted hours (3:00 a.m. – 6:00 a.m.)
- Permit must be displayed during restricted hours by hanging from interior rear view mirror or placing on front dash in front of steering wheel.
- Permits expire on December 31st of the year issued.
- Permits do not reserve a parking space.
- Permits will be sent to the mailing address

SEND APPLICATION AND PAYMENT TO:

City Hall
Attention Front Desk
Town of Ocean City
PO Box 158
Ocean City, MD 21843

MAILING ADDRESS FOR PERMITS:

OFFICE USE ONLY:

Permit No. _____

Date Issued _____