



City of Neillsville Public Parking Permit Application

OWNER INFORMATION

FULL NAME: _____
LAST FIRST MIDDLE

BUSINESS (if applicable): _____

ADDRESS: _____
STREET ADDRESS

CITY ZIP PHONE #

E-MAIL ADDRESS

VEHICLE DESCRIPTION: _____
MAKE MODEL COLOR

LICENSE TAG NUMBER: _____ STATE: _____

QUARTERLY		YEARLY-fees can be pro-rated	
Jan - Mar	\$35.00	January	\$120.00
Apr - June	\$35.00	February	\$110.00
Jul - Sept	\$35.00	March	\$100.00
Oct - Dec	\$35.00	April	\$90.00
		May	\$80.00
		June	\$70.00
		July	\$60.00
		August	\$50.00
		September	\$40.00
		October	\$30.00
		November	\$20.00
		December	\$10.00

OFFICE USE ONLY

Date: _____
Received By: _____
Amount Paid: \$ _____
Annual / Quarterly
Permit #: _____