



## PARKING LOT PERMIT APPLICATION

The Corporation of the City of Welland  
60 East Main Street – City Hall  
Welland, ON  
L3B 3X4

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Type of Vehicle: \_\_\_\_\_

Colour: \_\_\_\_\_

Licence Plate #: \_\_\_\_\_

Parking Lot: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

FEE: \_\_\_\_\_ +HST= \_\_\_\_\_ Acct #: \_\_\_\_\_

Permit #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_