

TOWN OF READING

APPLICATION FOR PARKING PERMIT FOR DESIGNATED RESERVED PARKING SPACES FOR BUSINESS OWNERS AND EMPLOYEES

RENTER'S NAME _____

BUSINESS NAME _____

BUSINESS ADDRESS _____

BUSINESS _____

TELEPHONE NUMBER _____

EMERGENCY _____

TELEPHONE NUMBER _____

EMAIL ADDRESS _____

**I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT
TO THE BEST OF MY KNOWLEDGE, AND I UNDERSTAND THE
EMPLOYEE PARKING RULES AND REGULATIONS AS PROMULGATED BY
THE BOARD OF SELECTMEN AND THE TOWN MANAGER.**

SIGNED _____

DATE _____

DO NOT WRITE BELOW THIS LINE

PERMIT# _____

\$30 PER MONTH \$360 PER YEAR

JAN _____

FEB _____

MAR _____

APR _____

MAY _____

JUNE _____

JULY _____

AUG _____

SEPT _____

OCT _____

NOV _____

DEC _____

RECEIVED _____

\$ _____

BY _____

PARKING SPACES - PARKER STREET LOT 1 - 14

PARKING SPACES - HARNDEN YARD 15 - 30