## APPLICATION FOR HANGTAG PARKING PERMIT(S)

Send mail orders with payment to: Madison Parking Division P.O. Box 2986

TATION (3)				Madison, WI 53701-2986		
PLEASE PRINT OR TYPE						
Business/Company Name				Pho	ne	
Address						
(Street Address) (Cit		y)			(State/Zip Code)	
Name of person applying for permit(s)						
This permit allows vehicles used in performing construwork vehicles necessary for loading, unloading or storic posted on the parking meter.	ng of tools or sup	plies used in this w	ork, to p	ark in excess	of the time limit	
Permits may not be used at meters with a time limit of at meters during times when parking is not allowed for			ire ioadii	ng zones bet	ween 7am-11am, or	
Tampering with a permit will be grounds for revocation unused permits. Additionally, any person or firm misus than \$200 for each act of tampering or each day or frac	ing or tampering	with a permit shall				
No. of Full Day Permits (\$18 each):  No. of Half Day* Permits		\$10 each): Shipping Fe		Shipping Fee*	e** (Applied to mailed orders):	
Method of Payment: Cash Check Check		Credit Card:		Visa	MasterCard	
Notes: ■ Checks to be made payable to City Treasurer		Card Number:				
■ Credit Card orders only can be faxed to 267-1158		CVC Number: Expiration Date:		Expiration Date:		
* HALF-day times are:		Card Holder Name (if different from above):				
Morning: 8am to 1pm Afternoon: 1pm to 6pm						
**See USPS website for Small Priority Flat-Rate Box shipp	Card Billing Address (if different from above):					
mailed orders:  0-150 permits are shipped in 1 box  151-300 permits are shipped in 2 boxes 301-450 permits are shipped in 3 boxes		Authorized Signature:				
1) Permits may be purchased individually or in bulk; in p	person, by mail* or	r by fax.				
<ul> <li>Mail orders: Send both copies of this signed/contop of this page. Do not send cash.</li> </ul>	-	•	nplete cr	edit card info	rmation to the address at the	
<ul> <li>Fax orders (for credit card orders only): Fax your signed/completed application to 267-1158. Make sure all necessary card information is included.</li> </ul>						
<ul> <li>In-person orders: Between the hours of 7:30 a.m</li> <li>215 Martin Luther King Jr. Blvd, Suite 109,</li> </ul>						
<ol> <li>The permit exempts only the vehicle in which it is dis</li> <li>The permit holder is responsible for scratching off the</li> <li>Permits are valid for only the date indicated on the permits are valid for only the date indicated on the permit with an altered of the permit does not guarantee that a parking space with the permits must be placed on the rearview mirror only of the Permits must be placed on the rearview mirror only of the Parking Manager or their designee may withdraw</li> </ol>	ne required informoermit. expiration date. Till be available at a when the vehicle in applicable to ve	here are no refunds any specific location s parked. Phicles with permits.	for alter	ed or imprope	erly scratched off permits.	
"I have read and understand the above requirem	ents."					
Signature of Applicant			Date			
	DO NOT WRITE	BELOW THIS LINE				
# Full Day v \$19 \$	Γ					
# Full Day x \$18		Permit(s) #				
Shipping \$		Permit(s) #		To #	(HANGH)	
Total \$		Pickup 🗌	01	. Sei	nt (date)	

Credit

Check

Paid by: Cash

Cashier