



## CITY OF CLEVELAND HEIGHTS PARKING LOT PERMIT APPLICATION

NAME \_\_\_\_\_

LOT # \_\_\_\_\_

ADDRESS \_\_\_\_\_

If you do not know the parking lot number, where is it located?

\_\_\_\_\_ ZIP \_\_\_\_\_

\_\_\_\_\_

PHONE home \_\_\_\_\_

### VEHICLE

MAKE \_\_\_\_\_ MODEL \_\_\_\_\_

cell \_\_\_\_\_

YEAR \_\_\_\_\_ LIC. # \_\_\_\_\_

**BEFORE YOU RETURN THIS FORM, YOU MUST CALL 216-291-5770  
TO SEE IF SPACE IS AVAILABLE IN THE LOT YOU ARE REQUESTING  
AND FOR THE COST OF YOUR PERMIT.\***

\*The parking permit fees are pro-rated, so the cost depends on the starting date of the permit.

*Make checks payable to the City of Cleveland Heights.*

MAIL/RETURN TO: City of Cleveland Heights  
Treasury Office  
40 Severance Circle  
Cleveland Heights, OH 44118