



Milledgeville Police Department Records Division



PERMIT NUMBER _____
RESIDENT _____ TENANT _____
DATE _____
FOR OFFICE USE ONLY

City of Milledgeville Milledgeville Police Department

RESIDENT PARKING PERMIT APPLICATION AND AFFIDAVIT

DATE: _____

NAME: _____
LAST FIRST INITIAL

ADDRESS: _____
STREET NO. STREET NAME APT NO ZIP CODE

HOME PHONE: _____ WORK PHONE: _____

LICENSE PLATE: _____ VEHICLE YEAR: _____ VEHICLE MAKE: _____

LICENSE PLATE: _____ VEHICLE YEAR: _____ VEHICLE MAKE: _____

LICENSE PLATE: _____ VEHICLE YEAR: _____ VEHICLE MAKE: _____

LICENSE PLATE: _____ VEHICLE YEAR: _____ VEHICLE MAKE: _____

I, HEREBY SWEAR, UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS CORRECT AND THAT THE APPLICANT IS THE RESIDENT OF THE CITY OF MILLEDGEVILLE RESIDING AT THE ADDRESS AND THAT THE ABOVE REFERENCED VEHICLE IS REGISTERED AND PRIMARILY GARAGED AT THE ABOVE ADDRESS.

SIGNATURE OF THE APPLICANT

DATE

PROOF OF RESIDENCY:

- 1. Voter's Registration Card: _____
- 2. Current Utility Bill: _____
- 3. Tax Bill: _____

- 4. Property Deeds: _____
- 5. Current Lease: _____