



CITY OF DURHAM
 Transportation Department Parking Systems Division
 P.O. BOX 1370 | DURHAM, NC 27702
 919.680.2481 | F 919.680.2392
 www.DurhamNC.gov

**RESIDENT PARKING
 APPLICATION**

**CONTROLLED PARKING
 RESIDENTIAL AREA**

**Return to: City of Durham Parking System Division
 P.O. Box 1370
 Durham, NC 27702**

**Phone #: 919-680-2481
 Fax #: 919-680-2392**

Have you previously applied for or used a CPRA permit decal? Yes _____ No _____

Name: _____ Date: ____/____/____

Address: _____ Apt #: _____ Zip: _____

Daytime phone: (____) _____ - _____ Email Address: _____

Name of Property Owner/Manager: _____ Phone #: (____) _____ - _____

Lease Expiration Date: ____/____/____

A copy of your current motor vehicle registration and proof of residency are required. If your motor vehicle registration does not display your current address, you must provide your proof of residency by providing a copy of one of the following original documents: lease agreement, current utility bill, rent receipt, bank statement, etc.

LIST BELOW EACH VEHICLE YOU WISH TO PERMIT

Name on Registration: _____

Vehicle Year: _____ Make/Model: _____ Lic. Plate#: _____ State: _____

Name on Registration: _____

Vehicle Year: _____ Make/Model: _____ Lic. Plate#: _____ State: _____

Name on Registration: _____

Vehicle Year: _____ Make/Model: _____ Lic. Plate#: _____ State: _____

Name on Registration: _____

Vehicle Year: _____ Make/Model: _____ Lic. Plate#: _____ State: _____

Note: If you move or have a change in vehicle(s), please contact us to update your parking records. Thank you.

DO NOT COMPLETE – FOR OFFICE USE ONLY

Date Received: Mail/Fax ____/____/____ In Person ____/____/____ By Whom: _____ Area: _____

Permit #: _____ Expiration Date: ____/____/____ if mailed, date: ____/____/____

Permit #: _____ Expiration Date: ____/____/____ if mailed, date: ____/____/____

Permit #: _____ Expiration Date: ____/____/____ if mailed, date: ____/____/____

Permit #: _____ Expiration Date: ____/____/____ if mailed, date: ____/____/____

COMMENTS: _____

