



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

VISITOR PERMIT APPLICATION
Controlled Residential Parking Area

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

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

Please Note: RESIDENT MUST BE AN APPROVED CPRA PATRON TO OBTAIN A VISITOR'S PERMIT.

Approved Resident: _____ **Date:** ____/____/____

Address: _____ **Apt #:** _____ **Zip:** _____

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

Dates of visit, from: ____/____/____ **To:** ____/____/____

VISITOR INFORMATION

1. Name of Visitor: _____ **Dates of Visit From:** ____/____/____ **To:** ____/____/____

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

Name on Vehicle Registration: _____ **Expiration Date:** ____/____/____

2. Name of Visitor: _____ **Dates of Visit From:** ____/____/____ **To:** ____/____/____

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

Name on Vehicle Registration: _____ **Expiration Date:** ____/____/____

3. Name of Visitor: _____ **Dates of Visit From:** ____/____/____ **To:** ____/____/____

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

Name on Vehicle Registration: _____ **Expiration Date:** ____/____/____

4. Name of Visitor: _____ **Dates of Visit From:** ____/____/____ **To:** ____/____/____

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

Name on Vehicle Registration: _____ **Expiration Date:** ____/____/____

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: _____
