



CITY OF IDAHO SPRINGS
1711 Miner Street
P.O. Box 907
Idaho Springs, CO 80452-0907
Telephone (303) 567-4421
FAX (303) 567-4955

A fully-executed copy of this Permit must be displayed at all times on the dashboard on the driver side of vehicle.

TRAVEL TRAILER PARKING PERMIT

Name of Property Owner _____
Address of Property Owner _____
Phone Number _____

Make, Model, Year and Description of Travel Trailer _____
Travel Trailer License Plate: State and Number _____
Name(s) of Authorized Occupant(s): _____

I _____, give my permission for the above-described travel trailer and authorized occupants to remain upon my property located at _____.

Signature of Property Owner

TERM OF PERMIT:

This permit is valid until: (1) the above-signed Property Owner revokes the above consent, in writing; (2) the City revokes this permit for cause; or (3) the Expiration Date below.

Begins

Expires (*Maximum term of 6 consecutive months)

_____ PERMIT APPROVED: The information submitted for the parking permit was reviewed and is in compliance with Sec. 21-133(B) ISMC

_____ PERMIT DENIED: The request for a parking permit does not meet with the standards for the following reason(s):

Diane Breece, City Clerk

Date

Chris Malanka, Police Chief

Date