



Robert J. Lovero, Mayor

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2010 EMIL VACIN FAIRWAY PARKING PERMIT APPLICATION

PERMIT # _____

APPLICANT INFORMATION

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

HOME PHONE: _____

CELL PHONE: _____

VEHICLE INFORMATION

LICENSE PLATE NUMBER: _____

BERWYN VEHICLE STICKER NUMBER: _____

VEHICLE YEAR: _____ MAKE: _____ COLOR: _____

SIGNATURE OF VEHICLE OWNER

DATE

FOR OFFICE USE ONLY

Cash Received – Date & Amount: _____

Check Received – Ck #, Date & Amount: _____

Accepted by: _____