



Short Term Parking Permit Application

City of Merriam, Kansas

Today's Date: ____/____/____ (PLEASE ALLOW 5 DAYS PROCESSING PRIOR TO EVENT DATE)

Name (please print) _____ Telephone: (day) _____ and (evening) _____

Address & zip code _____

Signature of Person Named Above _____

Date of Proposed Event: ____/____/____

Starting Time: _____ Ending Time: _____

Type of Proposed Event: _____

List number of days you need to have Parking Permit: _____ days.

Starting Date: ____/____/____ Ending Dates: ____/____/____

SPECIAL NOTE: *The Chief of Police, Fire Chief or their designated representative may cancel this permit at any time for Public Safety reasons.*

Approved By:

Police Chief or Designated Representative: _____ Fire Chief or Designated Representative: _____

Police Chief Signature _____

Fire Chief Signature _____

Special Note from PD & FD Chief: _____

Routing Procedure for City Staff Use Only

- 1. Keep copy of form in Administration to monitor approval from Police & Fire Dept. _____
Administration
- 2. Send original form to Police Chief & Fire Chief for approval. _____
Police
- _____ Fire
- 3. Return approved original form to Administration for continued routing. Administration Sends copy of form to the Police, Fire and Public Works Departments. _____
Administration
- 4. Public Works Department attaches emblem to sign face after permit approval. _____
Public Works
- 5. Administration office files original form in City Clerk's correspondence file. _____
Administration