



GRANGEVILLE POLICE DEPARTMENT  
 225 West North Street  
 Grangeville, Idaho, 83530  
 Telephone 208-983-1351  
 Fax # 208-983-2336  
 Chief Morgan D. Drew

# Trailer Parking Permit

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Name of Trailer Owner)

Address: \_\_\_\_\_ Telephone : \_\_\_\_\_  
 (Address of Trailer Owner)

To: Chief of Police

In accordance with the provisions of Grangeville city code 9-2-15 C. I am applying for a twenty-one day temporary parking permit to park the following vehicle on a public street, within the city of Grangeville. I understand that if the below described vehicle is determined to be a sight restriction, or the vehicle is being lived in, a violation of Grangeville city code, 10-8-2: A. 2. and A. 3., **THIS PERMIT SHALL BE IMMEDIATELY REVOKED AND THE TRAILER MUST BE MOVED. I ALSO UNDERSTAND THAT THIS PERMIT MUST BE DISPLAYED ON THE FRONT STREET SIDE OF THE TRAILER VISIBLE TO A PASSING POLICE VEHICLE. DURING INCLEMENT WEATHER THE PERMIT MUST BE COVERED OR PLACED IN A CLEAR CONTAINER SO THAT IT REMAINS LEGIBLE.**

Signature of Owner \_\_\_\_\_

I require the 21 day temporary parking permit for the following reason;  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Trailer Description: Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_ License # \_\_\_\_\_  
 Or Rolloff/Dumpster size: \_\_\_\_\_ Dumpster Color: \_\_\_\_\_  
 Location Parked: \_\_\_\_\_

I hereby issue a 21 day temporary parking permit to the above named individual, who has agreed to abide by city requirements. This permit is not valid unless displayed as described above.

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Date Issued \_\_\_\_\_ Date Expires \_\_\_\_\_

**Morgan D. Drew, Chief of Police or designee** \_\_\_\_\_

Distribution: White Original-Police Department, Yellow Copy-City Clerk, Pink-Copy Applicant