



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 \_\_\_\_\_