## APPLICATION BY MAIL

## HOSPITAL ZONE RESIDENTIAL PARKING PERMIT

Pursuant to Chapter 388 Article XIV entitled "Hospital Zone" of the Code of Ordinances of the City of Pawtucket

Date:
Name:
Address:
Apartment #: Phone Number:
Please check the appropriate box below:
☐ I am a new resident. Date in which you moved in:  • Are you residing with a tenant who has already obtained a Hospital Zone Pass?  Yes No If yes, please provide name of tenant:
<ul> <li>Did the previous tenant vacate the property? Yes No</li> </ul>
☐ This a new replacement vehicle.  • Previous vehicle Year Make Model
☐ This is an additional vehicle.
Other, please explain (Ex. New windshield, etc)
•
☐ I do not own a vehicle, but need one guest permit for my household.
<ul> <li>Please provide a current copy of a Pawtucket tax bill, utility bill, bank statement, income tax return, pay stub, current deed, or lease/rental agreement addressed in the name of the resident and to that residence.</li> </ul>

## If the address on your registration matches your current address in the Hospital Zone, you may obtain a <u>Permanent Resident Sticker:</u>

Please attach a photo copy of your current valid RI motor vehicle registration showing the vehicle is registered in the name and address of a person living within the Hospital Zone for each requested vehicle.

## If the address on your registration <u>DOES NOT</u> match your current address in the Hospital Zone, you may obtain a <u>Temporary</u> (60 day) pass:

<u>Please attach a photo copy of a current valid motor vehicle registration</u> showing the name of the resident for each requested vehicle or copy of vehicle rental agreement including the name of the resident; <u>and one of the following</u>: Copy of a current Pawtucket tax bill, utility bill, bank statement, income tax return, pay stub, current deed, or lease/rental agreement addressed in the name of the resident and to that residence.

One Temporary Parking Pass per vehicle shall be available to new residents who have not changed their address on their motor vehicle registration. This temporary parking pass shall be valid for 60 days and must be returned to the City Clerk's Office in order to obtain a residential parking sticker.

If you have any questions, please call the City Clerk's Office at (401) 728-0500 Ext. 225.