



REQUEST FOR
ON-STREET PARKING RESTRICTION SIGNS

Name _____

Address _____

Daytime Phone Number _____

Location of Proposed Sign _____

Type of Sign Requested:

_____ 15 minute parking (loading areas)

_____ 2-hour parking (8:00am – 5:00pm)

_____ No Parking

_____ Handicapped-Only parking

_____ Other, please specify _____

Additional Comments: _____

Approved: _____

Town Manager

Date: _____