



HOUSING AUTHORITY of the TOWN OF VERNON

21 COURT STREET
VERNON, CT 06066
(860) 871-0886 • FAX (860) 875-9811

APPLICATION FOR PARKING SPACE

Complete and sign below: (please print clearly)

Resident/Owner Name		Phone Number
Complete Address: Street Address, Apartment Number, City, State		
Vehicle Make & Model		Year of Vehicle
Color	License Plate Number	State
Expiration Date	Resident Signature	Date

To be completed by designated VHA Personnel:

_____	Copy of Current, Valid Connecticut Driver's License
_____	Copy of Current, Valid Connecticut Registration
_____	Copy of Current, Valid Insurance Card
_____	Copy of Signed Parking Policy
_____	Approved
_____	Denied: Reason _____

Date Space Issued: _____

Parking Space Assigned: _____

Signature of Designated VHA Staff	Date
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