



TOWN OF DRAYTON VALLEY

PO Box 6837, 5120-52 Street,

Drayton Valley, AB T7A 1A1

Phone: 780-514-2200

Email: permitinfo@draytonvalley.ca

Parking Permit

Date: _____ Permit Number: _____

Name: _____ Phone Number: _____

Mailing Address: _____ Postal Code: _____

Email Address: _____

Owner: ____ Tenant: ____ House: ____ Apartment: ____ Business: ____

Permit Zone (Location)

Vehicle License Plate: _____ Registration Number: _____
(Proof of registration is required with this application)

____ I will be parking a vehicle in a restricted residential area; or

____ I will be parking a vehicle as per the directions below.

This permit will be valid from: _____ to: _____

Authorized Signatures

This permit has been approved subject to the following conditions/restrictions:

Signature of Applicant

Authorized Signature

Authorized Signature

Date Authorized: _____

The applicant of this permit indemnifies the Town from any and all liability whatsoever arising from the event and undertake responsibility for the good conduct and order of this Permit and certify the Person(s) has a minimum comprehensive general liability insurance policy of \$2,000,000. A copy of which is attached to this permit ____ (initial)

Parking Detail Information
(Please provide parking permit details)

The applicant of this permit indemnifies the Town from any and all liability whatsoever arising from the event and undertake responsibility for the good conduct and order of this Permit and certify the Person(s) has a minimum comprehensive general liability insurance policy of \$2,000,000. A copy of which is attached to this permit ____ (initial)