

City of Oxford, Mississippi

Parking Division 107 Courthouse Square Oxford, MS 38655 P (662) 238-2793 F (662) 232-2355

Residential Parking Permit Enrollment Form

Date:			
Applicant Name:			
Mailing Address:			
Email Address:			
Home Phone:	Cell Phone:		
Applicant Information:			
	Resident/Tenant Parl	king Permit (\$50 per	vehicle per 12 month period)
	Visitor Parking Permit (\$25 per vehicle per 12 month period) (2 per unit)		
	Special Event Permit (\$3 each for a 12 hour period)		
	Replacement Permit	(\$5 per vehicle)	
Vehicle Information*:	License Plate No.		State
	Driver's License #		Make
	Model		Year
	Color		
* Must provide curr	rent vehicle registration of vehicle that the	permit is being issued to	
Mail Permit to:	Mailing Address	_	Pick up at City Hall
another individual. Any vel	ving: My City of Oxford residential par hicle with unpaid parking citations on tions are paid. Payment of parking cit	permitted vehicle is su	
Signature			Date
OFFICE USE ONLY			
Permit Number:		Permit Year:	
Issue Date:		Date Picked Up:	
Amount Paid: \$_		Deed of Property	Lease Exp. Date: