



TOWN OF REDINGTON BEACH RESIDENT BEACH PARKING PERMIT

Last Name

First Name

Street Address (Redington Beach)

Phone (Include Area Code)

Phone (Include Area Code)

Email address

Own: _____

Rent: _____

Live with Parents: _____

Vehicle Information

Year: _____ Make: _____ Model: _____ Lic. Plate No. _____

Year: _____ Make: _____ Model: _____ Lic. Plate No. _____

I confirm that the above information is true to the best of my knowledge and the decals issued to the vehicles listed above will be permanently affixed to the windshield.

Resident Signature: _____

OFFICE USE ONLY

Permit No. _____

Permit No. _____

New Permit _____ Renewal _____

Replacement _____ Reason for replacement _____

DATE ISSUED: _____

EXPIRES: MARCH 31, 2021

TOWN OFFICIAL: _____