

PLEASE RETURN TO:
 PARKERSBURG POLICE DEPT
 P O BOX 1167
 PARKERSBURG W V 26102
 ATTN: PENNIE E. McLAIN

CITY OF PARKERSBURG
 APPLICATION FOR TRUCK PERMIT

PERMIT YEAR: _____
 PERMIT EXPIRES: _____

DATE _____

BUSINESS NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER _____ SIGNATURE OF APPLICANT _____

PLEASE PROVIDE FULL INFORMATION ON EACH VEHICLE FOR WHICH A PERMIT IS REQUESTED. PERMITS MUST BE RENEWED BY JULY 1ST OF EACH YEAR. UPON GRANTING OF A PERMIT, THE APPLICANT WILL BE PROVIDED WITH SELF-ADHESIVE STICKER WHICH MUST BE AFFIXED TO THE DRIVER'S SIDE DOOR OF THE PERMITTED VEHICLE. PERMIT FEE IS \$10.00 PER VEHICLE. CHECKS NEED TO BE PAYABLE TO THE "CITY OF PARKERSBURG". IF REQUESTING BY MAIL, PLEASE ENCLOSE A SELF-ADDRESSED STAMPED ENVELOPE FOR RETURN OF THE PERMIT(S).

	YEAR	MAKE	MODEL	LICENSE #/STATE	VIN (SERIAL #)	PERMIT #
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

DATE _____

RECEIPT # _____

P. D. EMPLOYEE _____