

CITY OF NORWALK, OHIO
APPLICATION FOR TEMPORARY ON/OFF-STREET PARKING

Today's Date:

Applicant:

Contact Information:

Location for Parking:

Approximate # of Spaces:

Reason for Request:

Date(s) Requested :
specify dates and times

Signature of Applicant

For office used only

Approved

Disapproved

Date: _____

Safety/Service Director

cc: Norwalk Fire Dept.
Norwalk Police Dept.
North Central EMS , Norwalk Catholic School
General Services, Norwalk City School,
NEDC / Chamber / Norwalk Area Arts Council