

**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  
General Services  
NEDC / Chamber / Norwalk Area Arts Council