BUSINESS PARKING PERMIT REQUEST FORM

BUSINESS NAME _____

BUSINESS ADDRESS _____

_____

BUSINESS PHONE _____

CONTACT PERSON _____

MAXIMUM NUMBER OF PASSES NEEDED _____
(BASED ON DAYTIME SHIFT ASSIGNMENTS)

LIST EMPLOYEES INCLUDING DAYS AND HOURS THAT THEY WORK:
(This Section must be completed in order to receive parking passes.)

EMPLOYEE NAME	SHIFT DAYS (SUN-SAT)	SHIFT HOURS	PLATE #

The Town of Narragansett reserves the right to limit the number of passes issued to any business.