Clayton Po

Clayton Police Department
6000 Heritage Trail Clayton, CA 94517 ~ TEL. 925-673-7350 FAX 925-672-1429

RV PARKING PERMIT APPLICATION

PERMIT TYPE:	GUEST (\$38)	RESIDENT (\$0)		
NAME:		РНО	NE NUMBER:	
EMERENCY PHO	NE # (<i>IF DIFFERENT TI</i>	HAN ABOVE):		
LOCATION RV TO	O BE PARKED:			
LICENSE PLATE	NUMBER (MUST HAV	E CURRENT REGISTRAT	TON):	
RESIDENT DATES	S (72 HOURS PRIOR	TO BEGINNING (OF TRIP):	
FROM:		TO:		
RESIDENT DATES	S (72 HOURS AFTER	R TRIP):		
FROM:		TO:		
GUEST DATES:	FROM:		TO:	
RECEIVE PERMI	Γ:			
BY M	IAIL			
IN PERSON (PICK UP AT CLAYTON POLICE DEPARTMENT)				
☐ FAX				
E-MA	AIL			
FOR OFFICE USE ONLY				
APPLICA	ATION RECEIVED B	Y:	DATE:	
REGISTE	RATION EXPIRATIO	N DATE:	PERMIT ISSUED: #_	
PAYMEN	NT RECEIVED FOR (GUEST PERMIT:	RCPT: #	
DELIVER	ED:	DATE: _	BY:	