



EMERGENCY - Short Term NO Parking Permit Application (currently allowed parking)

Today's Date: ____/____/____ (PLEASE ALLOW 5 DAYS PROCESSING PRIOR TO EVENT DATE)

Name (please print) Telephone: (day) and (evening)

Address & zip code

Signature of Person Named Above EMAIL ADDRESS

Date of Proposed Event: ____/____/____

Starting Time: _____ Ending Time: _____

Type of Proposed Event: _____

List number of days you need to have No Parking Permit: _____ days.

Starting Date: ____/____/____ Ending Dates: ____/____/____

SPECIAL NOTE: *The Chief of Police, Fire Chief or their designated representative may cancel this permit at any time for Public Safety reasons.*

Approved By:
Police Chief or Designated Representative

Police Chief or Designated Representative Signature Date

Special Note: NO PARKING within 15 feet of Fire Hydrants or within 50 feet of Intersection.

Routing Procedure for City Staff Use Only

1. Scan and email the application to the Police Chief for approval, keep original of form in Administration to monitor approval from Police Dept. Police Chief will email the approved form back to Administration for process. Staff initial & date
2. Administration email or mail the approved copy of form to: **Property Owner;** OPFD to mark.sweany@opkansas.org and to **Donna at PW Dept.** Staff initial & date
3. Administration office files original form in City Clerk's correspondence file.