



# City of Daytona Beach Shores CITY PROPERTY PARKING APPLICATION

Vehicle Owner Name: \_\_\_\_\_

Vehicle Owner Address: \_\_\_\_\_

Vehicle Owner Phone: \_\_\_\_\_ & Email: \_\_\_\_\_

**Parking Lot Locations:** Below, please indicate all lots in which you would be willing to park. If you are flexible but have preferences among lots, you may assign numbers 1-8, with 1 being your first choice, etc. If you are unfamiliar with the locations, please call City staff at 386-846-1735.

- |   |   |
|---|---|
| <input type="checkbox"/> COMMUNITY CENTER NORTH LOT | <input type="checkbox"/> COMMUNITY CENTER SOUTH/TENNIS COURTS |
| <input type="checkbox"/> CITY HALL                  | <input type="checkbox"/> BEACHCOMBER PARK                     |
| <input type="checkbox"/> ANDRINOPOULOS PARK         | <input type="checkbox"/> LULA M. MCELROY PARK WEST/DOG PARK   |
| <input type="checkbox"/> FORNARI PARK               | <input type="checkbox"/> MCELROY PARK EAST/PICKLEBALL COURTS  |

**Unless the signer below owns BOTH cars listed, a separate application must be used for each vehicle.**

Vehicle #1 - Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Plate: \_\_\_\_\_

Vehicle #2 - Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Plate: \_\_\_\_\_

Date(s) and hours of proposed parking: \_\_\_\_\_

Reason for request: \_\_\_\_\_

I acknowledge the City of Daytona Beach Shores does not provide security and I agree the City of Daytona Beach Shores is not responsible for any damage to or loss of my property: Yes:  No:

Signature - Owner of Vehicle(s): \_\_\_\_\_ Date: \_\_\_\_\_

Application is subject to availability and City approval.

**No trailers, recreational vehicles, boats, or oversized vehicles permitted.**

Conditions of approval: \_\_\_\_\_

Processed By: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Approved with conditions (see above):  Date: \_\_\_\_\_ OR Denied:  Date: \_\_\_\_\_

V1 Pass (Hang Tag) #: \_\_\_\_\_ V2 Pass (Hang Tag) #: \_\_\_\_\_

**When parking in a City parking lot, issued Pass(es) must be hung from the rearview mirror, facing forward to be easily read through the windshield.**

Please return completed application to [gherstein@cityofdb.org](mailto:gherstein@cityofdb.org). or in person to the 2<sup>nd</sup> floor of City Hall at 2990 S. Atlantic Ave. at least one week before parking is needed.