

NON-RESIDENT MOTOR HOME PARKING WAIVER

Parking Location: _____

Property Owner at Parking Location: _____

Property Owners Address: _____

Phone Number: _____

Owner/Operator of Motor Home: _____

Owner/Operator Address: _____

Phone Number: _____ Vehicle License # : _____

Vehicle Make: _____ Model: _____

In case of emergency or after hour contact:

Name: _____

Phone Number: _____

Date Motor Home Will Be Parked: _____

Date Motor Home Will Be Removed: _____

The duration of the waiver applied for may not exceed 14 calendar days.

Approval of this waiver application indicates that the above described motor home may be parked at the location indicated above during the dates that have been listed. All other Tipp City parking and zoning restrictions are applicable and must be complied with. The motor home described may NOT be connected to any external electrical power supply while parking on the street.

I hereby certify that the proposed request is authorized by the "Owner Of Record" of the property where the vehicle will be parked and agree to conform to all applicable laws and regulations of the City of Tipp City, Ohio.

Signature of Applicant:

_____ Date: _____

Approved By: _____ Date: _____

Copy to: City Manager, Applicant, Police, Fire, and Street Department