

PLEASE RETURN THIS COUPON WITH PAYMENT **BY THE 20TH** TO RECEIVE YOUR PARKING PERMIT FOR NEXT CALENDER MONTH.

[ASHLAND PARKING, PO BOX 566, ASHLAND OR 97520](#)

DISPLAY NEW PERMIT ON THE **1ST** OF THE MONTH THAT IS INDICATED.

DESTROY EXPIRED PERMITS. REMEMBER: THIS PERMIT IS VALID ONLY AT LOCATION THE INDICATED AND IT IS NOT VALID BEFORE THE 1ST.

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

- PERMIT DOES NOT GUARANTEE OR RESERVE A PARKING SPACE.
- VALID FOR DAYTIME PARKING ONLY (6 AM TILL 6PM) MONDAY THROUGH SATURDAY ONLY

LOT EA03

FEE 30.00
EFFECTIVE
06/01/2016

JAN _____	JUL _____
FEB _____	AUG _____
MAR _____	SEP _____
APR _____	OCT _____
MAY _____	NOV _____
JUN _____	DEC _____

Write month on check
Please do not write in this area.
Thank you
DPS Office use only.

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