Where living is easy.
DIAMONDHEAD
MISSISSIPPI

Date of Request:_____

PARKING PERMIT
City of Diamondhead

Requestor:_____

Telephone:_____

EVENT NAME:_____

EVENT DATE:_____

EVENT TIME: From _____**AM/PM To** _____ **AM/PM**

ADDRESS:_____

_____

_____

Estimate of Number of Cars:_____

_____
City Manager/Designee

ORIGINAL TO REQUESTOR

Cc: Police Department
     File

<u>DO NOT BLOCK THE STREET</u>