



2019-20
WAUWATOSA WEST
PARKING PERMIT APPLICATION

OFFICE USE ONLY:

PERMIT #: _____

PAID VIA: CASH CREDIT CARD
 CHECK # _____

DATE PAID: _____

Date: _____

Last Name: _____ First Name: _____ Grade: _____

Year \$20.00 OR Semester \$10.00 Additional Permits \$10.00

<p>1st VEHICLE License Plate #: _____</p> <p>Make: _____</p> <p>Model: _____</p> <p>Color: _____</p>	<p>2nd VEHICLE License Plate #: _____</p> <p>Make: _____</p> <p>Model: _____</p> <p>Color: _____</p>
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I have read the Wauwatosa West Parking Regulations and agree to follow the rules and school expectations.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Violation Date: _____

Violation: _____

Violation Date: _____

Violation: _____