



CARPOOL PERMIT APPLICATION

1. Employee Name: _____ Vehicle License Plate #: _____
Contact Phone: _____ Mailing Address: _____ State: _____ Zip: _____
E-mail Address: _____
Employer/Business Name: _____ Contact Phone: _____
Street Address: _____

2. Employee Name: _____ Vehicle License Plate #: _____
Contact Phone: _____ Mailing Address: _____ State: _____ Zip: _____
E-mail Address: _____
Employer/Business Name: _____ Contact Phone: _____
Street Address: _____

3. Employee Name: _____ Vehicle License Plate #: _____
Contact Phone: _____ Mailing Address: _____ State: _____ Zip: _____
E-mail Address: _____
Employer/Business Name: _____ Contact Phone: _____
Street Address: _____

4. Employee Name: _____ Vehicle License Plate #: _____
Contact Phone: _____ Mailing Address: _____ State: _____ Zip: _____
E-mail Address: _____
Employer/Business Name: _____ Contact Phone: _____
Street Address: _____

- Applicants MUST be an employee of a business within the Park City Historic District. Carpools must be established with 2 or more applicants, meaning that 2 or more employees must plan to carpool in order to utilize the permit. The Carpool permit allows parking at all hours, including after 6:00pm on Fridays and Saturdays.
• The permit is NOT valid during major events including the Sundance Film Festival and Kimball Arts Festival. Alternative parking locations may be provided. This permit is NOT transferrable and re-assignable.
• If fraudulent use is detected, carpool permit privilege will be revoked without exception. If a carpool permit is used by a single individual, all permits within the carpool will be deactivated without the ability to renew. Applicants must sign an agreement to adhere to permit rules.

By signing below I acknowledge that I will not use the carpool permit unless I have other carpoolers in my vehicle. I understand that my permit will be deactivated if I am found parking alone while utilizing the permit. I understand that if my permit is deactivated due to fraudulent use, I will not be eligible for future carpool permits.

Employee 1 Signature/Date

Employee 2 Signature/Date

Employee 3 Signature/Date

Employee 4 Signature/Date

AVI Permit#1 _____ AVI Permit#2 _____ AVI Permit#3 _____ AVI Permit#4 _____
Issue Date _____ By _____