

PERMIT RENEWAL/EXTENSION FORM

CUSTOMERS NAME: _____ **DATE:** _____

PERMIT/S #: _____

CHECK ALL THAT APPLY:

- REQUEST TO EXTEND PERMIT**
- REQUEST TO RENEW PERMIT**

EXPLANATION FOR REQUEST:

CUSTOMER CONTACT INFORMATION:

RETURN ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

PAYMENT: (\$25.00 FOR EACH PERMIT)

CHECK # AND AMOUNT: _____

CUSTOMER SIGNATURE: _____