



DURHAM POLICE DEPARTMENT

86 Dover Road
Durham, New Hampshire 03824
Telephone: 603-868-2324

Emergency: 911
Email: sdouglas@ci.durham.nh.us
Fax: 603-868-8037

DEPOT ROAD PARKING LOT PERMIT APPLICATION

Date: _____

Name: _____

School Address: _____

Home Address: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

VEHICLE DESCRIPTION					
Make:		Model:		Color:	
Plate # : (Registration)		Type of Registration:		State:	

☐ Summer ☐ Fall & Spring ☐ Fall Only ☐ Spring Only

As a Permit Holder, I acknowledge by my signature that I have received, read and agree to abide by the parking regulations for the DEPOT Road Parking Lot. I further understand that a group email will be sent to the email address I have provided, advising me to remove my vehicle for snow plowing purposes and that if I do not, the vehicle will be towed at my own expense.

(Applicant Signature)

(Date)

Is your intended use for long-term 24/7 parking , daytime commuter use only ? This is for data collection only.

****Administrative Use Only****

Permit #: _____

Date Permit Issued: _____

Amount Paid: _____

Additional Permit #: _____

Date Additional Permit Issued: _____

Amount Paid: _____

Modified April 2023