

OTR SPECIAL PERMIT PARKING APPLICATION



APPLICATION DATE: _____ / _____ / _____

NAME: _____

ADDRESS: _____
STREET NO. STREET NAME APT. NO. ZIP CODE

HOME PHONE: _____ WORK PHONE: _____

EMAIL ADDRESS: _____

LICENSE PLATE NUMBER AND STATE: _____
REQUIRED

YEARLY PERMIT (\$60)

QUALIFYING REDUCED (\$25)

- NOTE: 1. Maximum of 1 permit per person and 2 per residence.
2. For discounted rate, proof of residency in a rent subsidized unit within the Special Permit Parking Area by one of the following:
a. A lease showing resident lives in subsidized or tax credit housing.
b. Ohio Direction Card showing resident is eligible for "SNAP" benefits also known as food stamps.
c. Medicaid managed care plan or fee for service card showing resident eligible for Medicaid.
d. EPPICard showing resident is eligible for Ohio Works First cash assistance.
e. Supplemental Security Income (SSI) award letter or other appropriate documentation.
3. Permit and sticker expire January 1st of the following year.

SIGNATURE OF APPLICANT

** As part of the application process, proof of residency via a valid driver's license and vehicle registration and a utility bill or signed lease with the same address are required.
Mail or bring in person the application, documentation and payment to: City Hall, 801 Plum St, Suite 425, Cincinnati, Ohio 45202

FOR CITY USE ONLY:

VERIFICATION

DOTe Permit No.: _____	REQUIRED	AND	REQUIRED
	____ Driver's License		____ Utility Bill
	AND		OR
Total Cost: _____	____ Vehicle Registration		____ Signed Lease
			OR
Verified Reduction: _____			____ Other: _____