



Downtown Employee Parking Renewal – Multiple Vehicles (7 per form)

Renewal Information

- Please make sure to fill out a renewal form when you receive an email notification.
- Renewal forms are located at Hudson Police Department (101 Vine Street) or on the City of Hudson Website under “Permits and Forms”

Business Name: _____

Manager Name: _____

Signature of Manager: _____

Employee's Name		License Plate Number		Employee's Phone #							
Employee's Email			Would you like to receive the monthly Parking Newsletter?								
			Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					
Permit Type			If Monthly, how many months?								
Annual	<input type="checkbox"/>	Monthly	<input type="checkbox"/>	1	2	3	4	5	6	7	8

Employee's Name		License Plate Number		Employee's Phone #							
Employee's Email			Would you like to receive the monthly Parking Newsletter?								
			Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					
Permit Type			If Monthly, how many months?								
Annual	<input type="checkbox"/>	Monthly	<input type="checkbox"/>	1	2	3	4	5	6	7	8

Employee's Name		License Plate Number		Employee's Phone #							
Employee's Email			Would you like to receive the monthly Parking Newsletter?								
			Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					
Permit Type			If Monthly, how many months?								
Annual	<input type="checkbox"/>	Monthly	<input type="checkbox"/>	1	2	3	4	5	6	7	8

Employee's Name		License Plate Number		Employee's Phone #							
Employee's Email			Would you like to receive the monthly Parking Newsletter?								
			Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					
Permit Type			If Monthly, how many months?								
Annual	<input type="checkbox"/>	Monthly	<input type="checkbox"/>	1	2	3	4	5	6	7	8

Employee's Name		License Plate Number		Employee's Phone #							
Employee's Email			Would you like to receive the monthly Parking Newsletter?								
			Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					
Permit Type			If Monthly, how many months?								
Annual	<input type="checkbox"/>	Monthly	<input type="checkbox"/>	1	2	3	4	5	6	7	8

Employee's Name		License Plate Number		Employee's Phone #							
Employee's Email			Would you like to receive the monthly Parking Newsletter?								
			Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					
Permit Type			If Monthly, how many months?								
Annual	<input type="checkbox"/>	Monthly	<input type="checkbox"/>	1	2	3	4	5	6	7	8

Employee's Name		License Plate Number		Employee's Phone #							
Employee's Email			Would you like to receive the monthly Parking Newsletter?								
			Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					
Permit Type			If Monthly, how many months?								
Annual	<input type="checkbox"/>	Monthly	<input type="checkbox"/>	1	2	3	4	5	6	7	8

(Office Use Only)

Total Cost: \$ _____

Receipt #: _____

Verified By: _____

Date: _____