

The Cathedral Parish Parking Permit

Mail to:

35 Treasury Street St. Augustine, FL 32084

\$5.00 per parking permit

Name:	
Parishioner #:	For Office Use Only Permit # (s)
Address:	
Email:	
Cell Phone:	Date issued:
Vehicle Description 1:	Issued by:
2:	
3:	
Parking Permit Agreem	ient
By signing below, I agree to: 1. Abide by all established parking lot rules and regulations.	ans whather in a parish owned let
or in an independently owned lot, utilized for parish ϵ	•
 Acknowledge that it is my responsibility to remain inference of the parish to the paris	
rules and regulations.	ormed or an established parting to
3. Notify the Cathedral Parish when any permitted vehic	cle is sold.
4. Acknowledge that the Cathedral Parish may void any	permits for repeated violations
and/or once I am no longer an active registered parisl	nioner of the Cathedral Parish.
5. Acknowledge that any parish parking permits that are	not placed on the left side of the
rear bumper or left rear window of the vehicle are vo	id.
Signature Date	