

Application Date: _____



P.O. Box 369 (Mail)
303 E. Pecan Dr. (Physical)
Johnson City, TX 78636
830.868.7111 (Phone)
830.868.7718 (Fax)

TEMPORARY TRAVEL TRAILER PERMIT APPLICATION CHAPTER 3

Name of Applicant: _____

Applicant's Home Address: _____

Contact Telephone Number: _____

Location of Travel Trailer: _____

Travel Trailer Owner (if different): _____

Vehicle Make, Model & Color: _____

Vehicle License Plate Number: _____

Driver License #/State Issued: _____

Time Period (Maximum of 30 days): _____

Applicant's Signature: _____

Refer to the City's fee schedule for permit fees. You will be notified when the permit is approved or disapproved.

APPROVED

DISAPPROVED

Signature

Date

Office Use Only: