REQUEST FOR ADDITIONAL PARKING STICKERS

(Please enclose five dollars for each additional parking sticker requested)

DEEDED OWNER'S NAME(S)		
OWNER'S MAILING ADDRESS:		
OWNER'S CONTACT INFO:	PHONE:	
	EMAIL:	
PROPERTY LOCATION IN CON	WAY:	
TAX MAPLOT	(property r	nust be residential and unrented)
PLEASE EXPLAIN WHY YOU NE	ED ADDITIONAL STICKERS:	
	(0)	
Please attach any documenta	tion pertinent to your reques	t and mail to:
CONWAY TOWN HALL		
ATT. TOWN MANAGER PO BOX 2680		,
CONWAY NH 03818		
By signing below, I certify that	the details of my request are	e true and accurate.
SIGNATURE:		-
FOR OFFICIAL USE ONLY		
DATE OF REQUEST:	DISPOSITION DA	re:
DISPOSITION: GRANTED	DENIED	
FINDINGS: Investigation comp	leted by:	Date: