



BOYNE CITY OVERNIGHT PARKING AUTHORIZATION

Arrival Date: _____

Departure Date: _____

Location authorized for vehicle to be left: _____
(i.e. Little League Field, North Municipal Lot, etc...)

Name of event, vehicle owner will be participating in: _____

Vehicle Description:

Color: _____ Year: _____ Make: _____ Model: _____ License Plate: _____

Vehicle owners name: _____

Cell or local phone number: _____

Additional Comments: _____

Event Coordinator: _____ Date: _____

Authorized by: _____ Date: _____

Michael Cain, City Manager

Copy to be given to Police Department upon authorization