

OCONTO POLICE DEPARTMENT

1210 MAIN ST
OCONTO, WI 54153

REQUEST FOR OVERNIGHT PARKING

Date of requested: _____

Name:
Address:
Phone number:
Vehicle:
Color:
Make:
Model:
License Plate #:
Date:

READ AND SIGN:

Vehicle owner or driver acknowledges that the Oconto Police Department/City of Oconto assumes **NO LIABILITY** for any damage to your vehicle legally parked on the City street.

Signature _____ Date _____

For office use only:

Approved by: _____

Date: _____

Report #: _____