



CITY OF MADEIRA BEACH
300 MUNICIPAL DRIVE ▪ MADEIRA BEACH, FLORIDA 33708
PHONE (727) 391-9951 ▪ FAX (727) 395-9361
www.madeirabeachfl.gov



RESIDENT PARKING PASS APPLICATION

Please leave Resident Parking Pass # blank while completing this form.

Resident Parking Pass #: _____

Name: _____

Address: _____

Madeira Beach, FL 33708

Email Address: _____ Phone Number: _____

Vehicle Year: _____ Color/Make/Model/: _____

Tag #: _____ State: _____

I hereby certify that this vehicle is registered to me, and that I am a Madeira Beach resident. I understand that failure to satisfy these conditions will result in revocation of this resident parking permit.

Resident Signature

Date

Please check if motorcycle or scooter.

MAILING INSTRUCTIONS

Include a self-addressed stamped envelope **AND** proof of residency with a copy of one of the following:

- Driver's License
- Lease agreement (6 months or longer)
- Real estate tax bill
- Voter's registration card

You also **MUST** include a copy of your **vehicle registration**.

Upon completion, please mail to: City of Madeira Beach
300 Municipal Drive
Madeira Beach, FL 33708