

**STATE OF HAWAII
DEPARTMENT OF TRANSPORTATION
HARBORS, KAUAI DISTRICT**

APPLICATION FOR SPECIAL DAILY PARKING PERMIT

Date: _____

To: DOT, Harbors, Kauai District Manager
3242 Waapa Road
Lihue, HI 96766

Subject: Application for Special Daily Parking Permit

Please submit your completed application to dot.har-k@hawaii.gov or call the District Office at (808) 241-3750 for further instructions. Please reference 'Request for Special Parking Permit' and your full name on the email subject line.

General Conditions:

Application for a special permit must be submitted two (2) business days prior to the requested date.

The applicant identified herein, hereby requests a Special Daily Parking Permit to be issued pursuant to HAR 19-44-51 for the following reason(s):

Permit Date Request: _____

PART I – APPLICANT INFORMATION

Name: _____ Mobile Phone: _____

Home Address: _____ Home Phone: _____

City: _____ State: _____ Zip Code: _____

Employer/Company: _____ Bus. Phone No.: _____

Business Address _____ Work Phone: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Fax No.: _____

Copy of Vehicle Registration, valid driver's license and proof of current insurance are required for each vehicle listed. Applicant must be named as the registered Owner or show official proof of authorized use.

1. License Plate No.: _____ Make: _____ Model: _____

Year: _____ Color: _____

2. License Plate No.: _____ Make: _____ Model: _____

Year: _____ Color: _____

3. License Plate No.: _____ Make: _____ Model: _____
Year: _____ Color: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

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PART II – (FOR HARBORS DIVISION USE ONLY)

APPROVED BY: _____ DATE: _____
HAR-K Harbor Staff