



PLAINFIELD POLICE DEPARTMENT

14300 S. COIL PLUS DR.
PLAINFIELD, IL 60544
(815) 436-6544
Fax: (815) 436-1486

EXTENDED OVERNIGHT PARKING REQUEST

I am requesting overnight parking for a period of _____ days beginning _____;
ending _____.

State Reason: _____

The following vehicle(s) listed below will be parked at my residence:

Make _____ Model _____ Year _____ Color _____ Lic Plate _____

Make _____ Model _____ Year _____ Color _____ Lic Plate _____

Make _____ Model _____ Year _____ Color _____ Lic Plate _____

Make _____ Model _____ Year _____ Color _____ Lic Plate _____

If I receive any parking citations during the time this request is in effect, I may appeal for cause.

Requested by: _____

Address: _____

Phone: _____

Authorized: _____

Chief of Police or Designee

Cc: WESCOM/Logged _____ (init)