

**CITY OF BURNET  
LONG TERM PARKING PERMIT APPLICATION**

Complete all blanks and return with your payment to the City of Burnet at the address below.

**MAKE PAYMENTS TO:** THE CITY OF BURNET  
P.O. Box 1369, Burnet, Texas 78611  
Telephone 512-756-6093, Ext. 3217

**PERMITEE:**

|                                |  |
|--------------------------------|--|
| Company or Individual name     |  |
| Address or Post Office Box     |  |
| City, State, Zip Code          |  |
| Name of agent if a company     |  |
| Telephone Contact              |  |
| Billing Address - if different |  |
| Email Address                  |  |
| Vehicle Vin:                   |  |
| Vehicle Make/Model:            |  |
| Vehicle Registration #:        |  |
| N Number of Aircraft           |  |
| Make/Model of Aircraft         |  |

**SIGNATURE:**

This application is subject to the City of Burnet Code of Ordinances, Sec. 18, herein incorporated by reference as though fully set forth. I hereby certify that I have read and agree to the terms and covenants of this agreement. **THE AIRPORT RESERVES THE RIGHT TO RELOCATE VEHICLES AS NEEDED FOR MAINTENANCE OF THE PARKING AREAS.**

Permittee Name (Print): \_\_\_\_\_ Date signed: \_\_\_\_\_

|                      |                      |
|----------------------|----------------------|
| FOR OFFICE USE ONLY: | PERMIT NUMBER: _____ |
| Amount Paid: _____   | Issue Date: _____    |
|                      | Issued By: _____     |