

CITY OF DECATUR
#1 GARY K ANDERSON PLAZA
DECATUR, IL 62523
FINANCE DEPARTMENT – LICENSING
217-424-2709

CLASS A _____ B _____



RESIDENTIAL PARKER INFORMATION-UPDATE

NAME(S) _____

STREET ADDRESS _____

CITY, STATE, ZIP _____

DAY-TIME PHONE NO(S). _____

EMAIL ADDRESS: _____

VEHICLE #1 DESCRIPTION _____
(YEAR) (COLOR) (MAKE/MODEL)

PLATE NUMBER _____

VEHICLE #2 DESCRIPTION _____
(YEAR) (COLOR) (MAKE/MODEL)

PLATE NUMBER _____

VEHICLE #3 DESCRIPTION _____
(YEAR) (COLOR) (MAKE/MODEL)

PLATE NUMBER _____

SIGNATURE _____ DATE _____

THANKS FOR YOUR HELP IN KEEPING YOUR FILE UPDATED