

**CITY OF GENEVA
BOAT TRAILER PARKING REGISTRATION
FORM**

PERMIT # _____

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ CELL PHONE NUMBER: _____

Email address: _____

Trailer Registration No: _____

I do hereby affirm that I am a City of Geneva resident. _____

Signature

Expiration date: **October 31, 2019**