

Clarendon Hills Lions Club  
Community Service Corporation

**PARKING PERMIT APPLICATION**

**Fill out this application, print and mail with check or money order to:**

CSC Parking  
PO Box 62  
Clarendon Hills, IL 60514

**Parking Rates:** Full Quarter .....\$65.00  
Two Months .....\$55.00  
One Month.....\$45.00

**Quarterly Permit: Select Quarter desired:** 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_

**Two Month Permit: Enter two months desired:** \_\_\_\_\_, \_\_\_\_\_

**One Month Permit: Enter Month desired:** \_\_\_\_\_

**Applicant's**

**Name :** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**Phone (primary):** \_\_\_\_\_ **(work):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Sign this form at the bottom and return the form with your check or money order in the amount made payable to:**

**Mail to:** CSC Parking  
PO Box 62  
Clarendon Hills, IL 60514

**Quarterly Renewal notices are mailed to all permit holders. Please do not park in the lot without a permit. Visit us at: [chlions.org](http://chlions.org), Contact us at: [parking@chlions.org](mailto:parking@chlions.org)**

---

**Applicant agrees to indemnify and hold harmless the parking lot owners, and invitees, against all claims, demands, actions, arising or growing out of loss of, or damage to property, or injury to, or death of, persons resulting in any manner from the use of the parking lot by the applicant.**

**Signature:** \_\_\_\_\_  
do not write below this line

**Amount Received:** \_\_\_\_\_ **Date Received:** \_\_\_\_\_ **Check #** \_\_\_\_\_  
**Term: 1 Month:** \_\_\_\_\_ **2 Months:** \_\_\_\_\_ **Full Quarter:** \_\_\_\_\_  
**Permit Mailed:** \_\_\_\_\_ **Permit #:** \_\_\_\_\_