City of Joseph
PO Box 15
Joseph, OR 97846
541-432-3832
Fax 541/432-3832
Email: cityofjoseph@eoni.com

Temporary Travel Trailer Permit

Application is hereby made to park a travel trailer on lot owned by:

Owners Name: _____ Application : _____

Applicant Name: _____

Street Address: _____ Zone: _____

Mailing Address: _____

_____ Phone: _____

Travel trailer will be connected to:
City Water $18.00 first 2,000 gallons .80 each 1,000
City Sewer $14.00

Travel trailer is self contained and will not be using City utilities.

Date of Permit : _____

Permit expires 90 days from date of installation or parking, shall be obtained by the owner of the property, with 180 days maximum.

_____ _____
Signature of Applicant Date

_____ _____
Signature of Owner Date

_____ _____
City of Joseph Date