

SPRINGETTSBURY TOWNSHIP POLICE DEPARTMENT
PARKING PERMIT APPLICATION

(Applicants must complete a separate form for each vehicle for which a parking permit is requested!)

NAME _____ DL# _____

ADDRESS _____

REG# _____ VEHICLE MAKE _____

MODEL _____ COLOR _____

REGISTERED OWNER _____

REGISTERED OWNER ADDRESS _____

DATE OF APPLICATION _____

SIGNATURE OF APPLICANT _____

(For Department Use Only)

PERMIT NUMBER _____ DATE ISSUED _____

ISSUED BY _____ ISSUE DATE _____