

BOROUGH OF COLLINGSWOOD

EMPLOYEE PERMIT APPLICATION

Employees Name:	_____
Employees Address:	_____
Employees Phone #:	_____ Cell #: _____
Vehicle Make:	_____ Model: _____
Tag #:	_____ Color: _____
	Permit Type:
_____ Full (year)	\$66.00
_____ Temporary: (Monthly)	\$5.50 per month
From: _____	to _____

By applying for and accepting this permit, I understand that this permit is only valid in areas designated for permit parking. (See instruction sheet). Permits may be suspended or revoked by the Chief of Police for any violation of the parking rules and are not subject to refund.

Vehicle Owner Signature: _____ Date _____

OFFICIAL USE ONLY

Application: Approved _____ Denied: _____ Permit #: _____

Issued Date: _____ Price: _____

Form of payment: _____