



# Borough of Collingswood



## ANNUAL OVERNIGHT PARKING PERMIT APPLICATION

Name	_____		
Address	_____	Apt#	_____
Phone #	Home: _____	Cell:	_____
Email:	_____		
<b>Residence:</b>			
Single Family	_____	Duplex	_____
Apt. Complex	_____		
Other	_____		
<b>Vehicle:</b>			
Year	_____	Make	_____
Model	_____		
Body Style	_____	Tag #	_____
Color	_____		
<b>Special Conditions:</b>			
- If you have a GARAGE, DRIVEWAY or LEGAL OFFSTREET PARKING SPACE, or if there is a PUBLIC PARKING LOT within one block of your residence, you are NOT eligible for a permit.			
- The vehicle must be registered to the above address for proof of residency.			
<b>Application Type:</b>			
Initial Application / New Resident	_____	New Vehicle	_____
Renewal	_____	Replacement	_____
Other	_____		

By applying for and accepting this permit, I understand permits may be suspended or revoked by the Chief of Police for any violation of the parking rules. I have read the above statements and attest that all statements herein are true.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b><u>Official Use Only</u></b>		
Investigated by	_____	Badge # _____
Approved	_____	Denied _____
Reason	_____	
	_____	
	_____	
Issues Date	_____	Expiration Date _____
Permit #	_____	