

___New Application \$15.00

___Renewal \$10.00

BOROUGH OF OAKLYN
OVERNIGHT PARKING APPLICATION

NAME: _____ TODAYS DATE _____

ADDRESS: _____

PHONE # _____ NUMBER OF PERMITS REQUESTING _____

REASON FOR PARKING ON STREET _____

LIST ALL LICENSED DRIVERS AND VEHICLES THAT UTILIZE THE DRIVEWAY
AND/OR ARE REGISTERED TO THE ABOVE ADDRESS.

DRIVER # 1- NAME _____ DL # _____

1- PLATE # _____ YEAR _____ MAKE _____ MODEL _____ COLOR _____

DRIVER # 2- NAME _____ DL # _____

2- PLATE # _____ YEAR _____ MAKE _____ MODEL _____ COLOR _____

DRIVER # 3- NAME _____ DL # _____

3- PLATE # _____ YEAR _____ MAKE _____ MODEL _____ COLOR _____

DRIVER # 4- NAME _____ DL # _____

4- PLATE # _____ YEAR _____ MAKE _____ MODEL _____ COLOR _____

DRIVER # 5- NAME _____ DL # _____

5- PLATE # _____ YEAR _____ MAKE _____ MODEL _____ COLOR _____

DRIVER # 6- NAME _____ DL # _____

6- PLATE # _____ YEAR _____ MAKE _____ MODEL _____ COLOR _____

PLEASE CIRCLE THE VEHICLE(S) YOU WILL BE PUTTING PERMIT(S) ON:
VEHICLE 1 VEHICLE 2 VEHICLE 3 VEHICLE 4 VEHICLE 5 VEHICLE 6

DO NOT WRITE BELOW THIS LINE

APPROVED: _____ PERMIT # _____ DATE CALLED: _____ DATE RECEIVED: _____

DENIED: _____ DATE LETTER SENT _____ APPEALED: _____ RESULT: _____

REASON

DENIED: _____

OFFICER'S
SIGNATURE _____