BOROUGH OF OAKLYN OVERNIGHT PARKING APPLICATION

NAME:	TODAYS DATE			
ADDRESS:				
PHONE #	NUMBER OF PERMITS REQUESTED			
REASON FOR PARKI	NG ON STREE	т		
LIST ALL LICENSED	RE REGISTER	ED TO THE AB	OVE ADDRESS.	
DRIVER # 1- NAME			DI #	
DRIVER # 1- NAME 1- PLATE #	YEAR	MAKE	_ MODEL	COLOR
DRIVER # 2- NAME			DL #	
DRIVER # 2- NAME 2- PLATE #	YEAR	MAKE	MODEL	COLOR
DRIVER # 3- NAME			DL #	
DRIVER # 3- NAME 3- PLATE #	YEAR	MAKE	MODEL	COLOR
DRIVER # 4- NAME			DL #	
DRIVER # 4- NAME 4- PLATE #	YEAR	MAKE	MODEL	COLOR
DRIVER # 5- NAME			DL #	
DRIVER # 5- NAME 5- PLATE #	YEAR	MAKE	_ MODEL	COLOR
DRIVER # 6- NAME			DL #	
DRIVER # 6- NAME 6- PLATE #	YEAR	MAKE	MODEL	COLOR
PLEASE CIRCL	E THE VEHICL	E(S) YOU WIL	L BE PUTTING P	ERMIT(S) ON:
VEHICLE 1 VE	HICLE 2 VEH	ICLE 3 VEHIC	CLE 4 VEHCILE 5	VEHICLE 6
******		*********	********	*******
DO NOT WRITE BELOW TH		*****	******	*****
APPROVED:PERM	IT # DA	TE CALLED:	DATE RE	CEIVED:
DENIED:DATE LE	TTER SENT	APPEALED:	RESULT:	
REASON DENIED:				
OFFICER'S SIGNATURE Updated September 07, 2012				