



Borough of Merchantville



Overnight Parking Permit Application

Name _____

Address _____ Apt# _____

Phone # Home: _____ Cell: _____

Email: _____

Residence:

Single Family _____ Duplex _____ Apt. Complex _____

Other _____

Vehicle:

Year _____ Make _____ Model _____

Body Style _____ Tag# _____ Color _____

Special Conditions:

- If you have a garage, driveway or legal off street parking Space, you may not be eligible for a permit.
- The vehicle must be registered to the above address or you must show proof of residency.

Application Type:

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: _____

Official Use Only

Investigated By _____ Badge # _____ Approved _____ Denied _____

Reason _____

_____ Issues Date

_____ Expiration Date _____