



# Department of Public Safety

## Township of Haddon



MUNICIPAL BUILDING

135 HADDON AVENUE

HADDON TOWNSHIP, N.J. 08108-2788

Tel: (856) 854-1176 Ext 4136

Fax (856) 854-4532

E-mail: gtagmire@haddontwppolice.com

### Application for Overnight Parking Permit

Vehicle Registration \_\_\_\_\_ State \_\_\_\_\_

Name \_\_\_\_\_

Last

First

Middle

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Reason for Request \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List registration of **all other vehicles** registered to your household

\_\_\_\_\_  
Tag number

\_\_\_\_\_  
Tag number

\_\_\_\_\_  
Tag number

\_\_\_\_\_  
Tag number

\_\_\_\_\_  
Tag number

\_\_\_\_\_  
Tag number

Please attach a copy of the following documents

1. New Jersey Drivers License
2. Vehicle registration
3. Vehicle insurance card

Applicant's certification: I do hereby certify that the information provided on this application is true and correct and that the applicant is a resident of Haddon Township. I also understand that I must park in front of, or as close as possible to the front of residence. I further understand that my vehicle may not be parked on the street for more than twenty-four hours without being moved.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Permit \$25.00**

**Payable to the Township of Haddon upon receipt of permit**

**(Police Use Only)**

**Application Approved** \_\_\_\_\_

**Application Denied** \_\_\_\_\_

**Officer's Comments** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Officer's Signature** \_\_\_\_\_ **Badge#** \_\_\_\_\_

**Person notified** \_\_\_\_\_ **Date** \_\_\_\_\_

**Applicant's**  
**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**PERMIT NUMBER** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_