CITY OF HACKENSACK DEPARTMENT OF POLICE TRAFFIC DIVISION

MUNICIPAL PARKING PERMIT APPLICATION

Last Name:	First Name:		MI:
Home Address:	City:		
State:	Zip Code:	Tel:	
3	VEHICLE INFORM	<u>MATION</u>	
Vehicle/Make/Model:		License Plate:	State:
Copy of driver	's license and vehicle	e registration is requir	<mark>red</mark>
If vehicle is registered to someone	other than the persor	ı listed above, please	provide the following:
	First Name:		
Address:City:	State:	Zip	Code:
of Hackensack and its employees, shall not be liable to use of the parking lots even if such personal injury or premployees. I agree to hold the City of Hackensack and Signature:	roperty damage is caused by ne its employees harmless for any	gligence, actions, and/or inaction such claims.	
Select a Parking Lot Location:	Ra	ate: \$75.00 Monthly	
Lot A: State St. between Lawrence St and	Trinity PlLc	Lot R: Corner of Central Ave. and Railroad Ave	
Lot C: Corner of Midtown Pl and Midtow	wn Bridge StLot S: Corner of Essex St. and State St.		
Lot D: Clay St and State St. behind Verizo	n BldgLc	Lot T: Corner of Trinity Pl. and State St.	
Lot E: Corner of Ward St and State St	Lc	ot U: State St. between Clay	y St and West Camden
Atlantic St. Garage: Between State St.	and Main St. Rate is \$85.0	0 Monthly	
For City Use Only			
Tag # Date Issued:	· -	Issued By:	

Payment is due every month. There is a 10% fee for late payment after 4 days and a 20% fee after 11 days. 30 days of non-payment will result in loss of parking privileges. The issued permit will be used only for the vehicles described above in designated lot. There is a \$5.00 charge to replace a lost tag. A permit does not guarantee parking availability

Payment Method: Check or Money Order