



Borough of Collingswood



RESIDENTIAL / THE LUMBERYARD PARKING PERMIT APPLICATION

Name _____

Address _____

Phone # Home: _____ Cell: _____

Vehicle:

Vehicle Make _____ Model _____

Tag # _____ Color _____

Permit Type:

Full Year _____ \$145.00

Monthly _____ \$13.00 per month

From: _____ to _____

By applying for and accepting this permit, I understand that this permit is only valid in areas designated for the permit parking. (see instruction sheet) Permits may be suspended or revoked by the Chief of Police for any violation of the parking rules and the fee is not subject to refund.

Vehicle Owners Signature: _____ Date: _____

Official Use Only

Approved _____ Denied _____ Permit # _____

Issues Date _____ Expiration Date _____ Price _____

Form of Payment _____ Check # _____