



TOWNSHIP OF SCOTCH PLAINS
 430 PARK AVENUE, SCTOCH PLAINS, NJ 07076
 908-922-6700



PARKING PERMIT RENEWAL FORM

DRIVERS LAST NAME, FIRST, MIDDLE			
ADDRESS:		APT. #	
ENTRANCE LOCATED		EMAIL ADDRESS	
HOME PHONE #	WORK PHONE #	ALTERNATE PHONE #	
1 ST VEHICLE MAKE/MODEL:		2 ND VEHICLE MAKE/MODEL:	
VEHICLE YEAR	PLATE #:	VEHICLE YEAR	PLATE #:
VEHICLE COLOR		VEHICLE COLOR	
DRIVERS LICENSE NUMBER			
NOTICE: PERMITS SHALL BE PLACED ON THE REARVIEW MIRROR OF THE VEHICLE.			
PERMIT # 1	PERMIT # 2	YEAR	PARKING PERMIT COLOR(S)
DATE ISSUED		DATE EXPIRES	
POLICE INVESTIGATION		() APPROVED	
() DMV OFFICER: _____ DATE: _____		() DISAPPROVED _____ CHIEF OF POLICE	

FEE: \$ 5.00 Payable to the Township of Scotch Plains.

Received By: _____ Date Received: _____
 (For Police Records Clerk)

Part One and **Hangtag** will be mailed to applicant by P.D. when approved.
Part Two will stay on file with Police Records Clerk with this application.
Part Three will be filed at the Police Desk for informational purposes.