



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 <sup>ST</sup> VEHICLE MAKE/MODEL:		2 <sup>ND</sup> VEHICLE MAKE/MODEL:	
VEHICLE YEAR	PLATE #:	VEHICLE YEAR	PLATE #:
VEHICLE COLOR		VEHICLE COLOR	
DRIVERS LICENSE NUMBER			
<b>NOTICE: PERMITS SHALL BE PLACED ON THE REARVIEW MIRROR OF THE VEHICLE.</b>			
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.