

CHARTIERS TOWNSHIP

"Working together for the betterment of our community."

PARKING PERMIT APPLICATION

NAME: _____

ADDRESS: _____

(STREET)

(TOWN / ZIP CODE)

PHONE: _____

(HOME / CELL)

(WORK)

VEHICLE INFORMATION:

MAKE: _____ MODEL: _____

YEAR: _____ COLOR: _____

LICENSE PLATE #: _____

REASON for REQUEST:

Applicants Signature _____ Date _____

DISPOSITION

APPROVED

DENIED

Chief of Police _____

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