

BOROUGH OF FAIRVIEW

59 Anderson Avenue
Fairview, NJ 07022

Parking Permit Application
Resident/Visitor/Temporary

Decal # _____

Applicant Information

Name: _____

Address: _____ Apt # _____

Contact Phone Numbers Home: _____ Cell: _____

Work: _____ Business: _____

Drivers License Number: _____ State: _____

Drivers License Expiration Date: _____

Vehicle Information

Color: _____ Year: _____ Make: _____ Model: _____

Registration (License Plate): _____ State: _____ Registration Expiration Date: _____

Insurance Company Name: _____ Policy # _____

Policy Expiration Date: _____

Registered Owner Information

Name: _____

Address: _____ Apt # _____

Drivers License Number: _____ State: _____

Drivers License Expiration Date: _____

Contact Phone Numbers Home: _____ Cell: _____

Work: _____ Business: _____

I affirm that the information supplied in this application be true and accurate to the best of my knowledge and have not knowingly and with intent to deceive made false, misleading or fraudulent statements of material fact in the application or in any document required. Replacement of visitor pass is \$50.00. Any abuse in the use of a parking permit will result in the revocation of the parking privileges and/or fines.

Print Name: _____ Signature: _____

Date Signed: _____

For Office Use Only		
Replacement Decal Info		
Old #:		
New #:		
Visitor / Temporary Decal Info		
Exp. Date:		
System Update Info		
Clear / Lost		
Duplicate: Name / SS# / DOB		