

**TOWNSHIP OF CRANFORD
8 SPRINGFIELD AVENUE
CRANFORD, NEW JERSEY 07016**

PARKING PERMIT APPLICATION

Date: _____

Type: Twelve Hour: _____

Nine Hour: _____

Overnight: _____

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____

Employer: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Work Phone: _____

VEHICLE INFORMATION

Make of Vehicle: _____

Vehicle Model: _____ **Vehicle Color:** _____

License Plate: _____ **State:** _____

I hereby certify that the parking permit being issued will be used only for the above vehicle.

Signature: _____ **Date:** _____