



**TOWN OF WEST NEW YORK**  
**PARKING SERVICES UTILITY**  
 224-60<sup>TH</sup> STREET • WEST NEW YORK • NEW JERSEY • 07093  
 TEL: 201.295.1575 | FAX 201.869.6637

<b>Office Use Only</b>	
Issue Date: _____	By: _____
Form of Payment: _____	
Total Paid: \$ _____	Transaction#: _____
Permit# _____	Notes: _____

# Residential - Commercial Parking Permit

*Our goal is to ensure our residents have the best access to parking in their neighborhoods & prevent out-of-towners from taking residential spots. Residents who display this permit may park in "Resident Permit Parking Only" zones overnight except during posted temporary emergency restrictions.*

**PLEASE PRINT CLEARLY & COMPLETE ENTIRE APPLICATION. SIGN WHEN FINISHED.**

Three (3) simple forms of verification are required as proof of residence: Valid driver's license, valid vehicle's registration, and a valid vehicle's insurance, ALL showing the West New York address.

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Be the first to know! Sign me up for priority alerts from the Town of West New York!**

*All information is maintaining in strict compliance with New Jersey State Law and only used for emergency notifications or informational purposes*

*All vehicle information required. No permit will be issued if any information is left blank.*

Name on Vehicle's Registration: \_\_\_\_\_

License Plate: \_\_\_\_\_ State: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

**Residential-Commercial parking permit may be purchased at a fee established to limit the amount of parking permits per household. The initial fee if \$100, which can be renewed every six (6) months by the applicant for an additional renewal fee of \$50.00. Please read the Residential Program Policies to obtain pertinent information regarding permit requirements.**

**BY SIGNING BELOW, I SWEAR AND AFFIRM THAT I AM A RESIDENT OF THE TOWN OF WEST NEW YORK AND THAT I RESIDE IN THE PERMIT PARKING AREA.** I further understand that any person who obtains a parking permit decal under false pretenses, or, who transfer such permit to another for use thereof shall be guilty of violating **TOWN OF WEST NEW YORK ORDINANCE 277-33 COUNTERFEITING**. Any individual committing the aforementioned act shall be subject to penalty of no less than two hundred and fifty (\$250.00) Dollars, but in no case more than five hundred (\$500.00) dollars, for each violation and/or imprisonment for not more than five days for each such violation. Such penalties for said violations are to be imposed by the Town of West New York Municipal Court. Permits are not transferable for use by any vehicle other than on registered with the parking permit.

BY SIGNING BELOW, I hereby swear, under penalty of perjury that I have no outstanding tickets in the Town of West New York and the above information is correct. I understand that **NO PERMIT WILL BE ISSUE UNTIL ALL SUMMONSES PENDING WITH THE TOWN OF WEST NEW YORK VIOLATIONS BUREAU ARE SETTLE**. By signing this document, I acknowledge that I have read and will comply with the rules and regulations, and understands the parking policies

\_\_\_\_\_  
**APPLICANT SIGNATURE** \_\_\_\_\_  
**DATE**

A parking permit does not guarantee a parking space for our residents, but it does increase the chances of finding a parking space.

**Thanks for the opportunity to serve you!**