



Englewood Police Department
75 S. Van Brunt St.
Englewood, NJ 07631
(201)568-2700



TRUCK PARKING PERMIT APPLICATION

NAME: _____ DATE: _____

ADDRESS: _____

CELL PHONE: _____ EMAIL: _____

VEHICLE INFORMATION #1

License Plate: _____

Make/Model: _____

VIN #: _____

Insurance Carrier: _____

Policy #: _____

VEHICLE INFORMATION #2 (if necessary, but only ONE Placard will be issued and only ONE can be displayed at a time)

License Plate: _____

Make/Model: _____

VIN #: _____

Insurance Carrier: _____

Policy #: _____

By signing the below, I am agreeing to the following:

I am a full-time resident of the City of Englewood. I understand that I must maintain this residency in order to be eligible for this program.

I am responsible for being completely aware of the City Ordinance that applies to this pilot program, including the specific authorized parking areas to which it applies. I also understand that I must still abide by all traffic laws, parking regulations and local City parking ordinances.

The commercial vehicle(s) listed on this application are either owned/leased by the undersigned OR owned/leased by a commercial business which is owned by the applicant or which employs the applicant. I understand that I may have to provide proof of this in the form of a signed notarized letter from the employer

Vehicles listed on this application must be properly registered and insured, and must continue to be in order to be eligible for inclusion. I understand that parking an unregistered or uninsured vehicle on any City street may result in the issuance of motor vehicle summonses or removal of the vehicle.

When parked in the authorized areas, I will only display my designated placard in the driver's side window in order for it to be easily identified.

I understand that if my placard is not displayed properly, or if it is unreadable, I may receive a parking summons which I will be responsible for. If my placard becomes damaged or unreadable, it is my responsibility to contact the Englewood Police Traffic Unit as soon as possible in order to receive a replacement.

I understand that my placard may only be displayed on one of the two vehicles listed on this application at any given time and that the placards cannot be copied or transferred.

All of the information on this application is accurate. I understand that falsifying any information or not adhering to any of the above may result in denial of the application or revocation of my permit/placard.

APPLICANT SIGNATURE _____

DATE: _____

DO NOT WRITE BELOW THIS LINE - OFFICIAL USE ONLY

VERIFICATIONS COMPLETED

Badge #

ADDRESS	
V#1 REGISTRATION	
V#1 INSURANCE	

V#2 REGISTRATION	
V#2 INSURANCE	

PLACARD # _____

APPROVED BY _____

DATE _____