



CITY OF PORT JERVIS PARKING PERMIT APPLICATION

Please return this completed form with the following:

1. Copy of vehicle registration
2. Copy of vehicle insurance
3. Copy of driver's license
4. Payment of \$40 per vehicle if purchased before 12/1 or \$80 if purchased on or after 12/1

SECTION 1: APPLICANT INFORMATION (Please Print)

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

SECTION 2: PERMITTED VEHICLE INFORMATION

Vehicle Plate #: _____ Vehicle Model: _____

State of Registration: _____ Vehicle Year: _____

Vehicle Make: _____ Vehicle Color: _____

SECTION 3: PERMIT NUMBER AND DATE ISSUED

Permit #: _____ Date Issued: _____

SECTION 4: AUTHORIZATION AND SIGNATURE

I UNDERSTAND THAT I AM PARKING AT MY OWN RISK AND THAT I AM RESPONSIBLE FOR OBEYING ALL CITY OF PORT JERVIS PARKING ORDINANCES.

Signature of Permit Holder

Date

City Clerk-Treasurer

Date