CITY OF NEWBURGH PARKING VIOLATION BUREAU

PARKING PERMIT APPLICATION

RETURN THIS COMPLETED FORM WITH:

a) copy of vehicle registration
b) proof of residencey, if applicable
c) payment, if applicable

_____ / _____ / _____
APPLICATION DATE

SECTION A: APPLICANT INFORMATION (Please Print)

Name: _____
FIRST MI LAST

Address: _____
NUMBER AND STREET APT. NO. CITY STATE ZIP CODE

Home Phone: _____ Cell Phone: _____ Work Phone: _____

SECTION B: PERMITTED VEHICLE INFORMATION

Vehicle plate #: _____ State of Registration: _____ Vehicle Year _____

Vehicle Make: _____ Vehicle Model: _____ Vehicle Color: _____

SECTION C: PERMIT TYPE ISSUED

FEE				
$50	☐	Monthly Parking Lot Permit	PERMIT NUMBER: _____	ISSUED: ___ / ___ / ___
$0	☐	Resident Overnight Lot Permit	PERMIT NUMBER: _____	ISSUED: ___ / ___ / ___
$0	☐	Resident Permit NFA	PERMIT NUMBER: _____	ISSUED: ___ / ___ / ___
$0	☐	IF APPLYING FOR A VISTORS PARKING PERMIT, PLEASE CHECK BOX		
$0	☐	Resident Permit Dubois Street	PERMIT NUMBER: _____	ISSUED: ___ / ___ / ___
$0	☐	Boat Launch Seasonal	PERMIT NUMBER: _____	ISSUED: ___ / ___ / ___
$5	☐	Replacement Permit Old Permit Number: _____	PERMIT NUMBER: _____	ISSUED: ___ / ___ / ___

SECTION D: AUTHORIZATION & SIGNATURE

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

_____ Date: ___ / ___ / ___
Signature of person requesting permit

_____ Date: ___ / ___ / ___
Approved by: Director of Parking Violations Bureau