



Borough of Somerville- PARKING LOT 1 A

PERSONAL INFORMATION:

First Name: _____ Last Name: _____

Home Address: _____

City: _____ Zip: _____

Phone: _____

Vehicle Make: _____ Model: _____ Year: _____

License Plate # _____

MERCHANT – EMPLOYEE MONTHLY PARKING PASS MUST COMPLETE WORK INFORMATION:

Company: _____

Address: _____

Phone: _____

PREFERRED E-MAIL ADDRESS: _____

Short Term Residential - maximum 3 hours per day = \$10 annually per vehicle

Merchant and/or Employee = \$50 per month

Full Service 24 hour/7 day a week = \$275 quarterly; \$500 semi-annually; \$960 annually

Kindly remit this form with your payment.

Check must be made payable to "Borough of Somerville" and mailed to Borough of Somerville - 25 West End Avenue, Somerville, New Jersey 08876 Attention: "Lot 1A Permit Office".

The undersigned acknowledges that the issuance of a permit for Borough of Somerville Parking Lot 1A is only valid in Parking Lot 1A. Specific parking spaces are not assigned; parking is limited to Lot 1A. Registrant agrees that Borough is not responsible for loss or injury to person or property while registrant is using this lot.

Signature

Date