



Borough of Somerville

PERSONAL INFORMATION:

First Name: _____ Last Name: _____

Home Address: _____

City: _____ Zip: _____

Phone: _____

Vehicle Make: _____ Model: _____ Year: _____

License Plate # _____

WORK INFORMATION:

County Department: _____

Address: _____

Phone: _____

PREFERRED E-MAIL ADDRESS: _____

Payment is \$30 per month. Kindly remit this form with your payment. The permit will allow you to park in the Lot Monday through Friday until 6:00 p.m. Park in the lower portion of Lot #7. You must pay for the full month.

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 7 Permit Office".

The undersigned acknowledges that the issuance of a permit for Borough of Somerville Parking Lot 7 is only valid in Parking Lot 7. Specific parking spaces are not assigned; parking is limited to lower portion of Lot 7. Registrant agrees that Borough is not responsible for loss or injury to person or property while registrant is using this lot.

Signature

Date