



East Rutherford Police Department

117 Stanley Street, East Rutherford, N. J. 07073

Telephone: (201) 438-0165 ~ Fax: (201) 438-1821

Dennis Rivelli
Chief of Police

Traffic Safety Bureau
Lt. Stan Rymarz
Traffic Safety Officer

Thank you for participating in the East Rutherford residential parking permit program. In order for your application to be approved you must complete the following steps:

1. Complete the attached application in full. **Incomplete applications cannot be processed.**
2. You must provide PHOTOCOPIES of each of the following identifiers that reflect an address within the Borough of East Rutherford:
 - A. Valid New Jersey driver's license or County or State ID reflecting an East Rutherford address.
 - B. Valid NJ Motor Vehicle Commission registration for the vehicle.
 - C. Valid insurance card for the vehicle.
 - D. Current utility or telephone or tax bill with the resident's name reflecting an East Rutherford address.
3. Applications must be brought to Police Headquarters along with PHOTOCOPIES of all the required documentation. **Unfortunately, we cannot make the photocopies for you.**

You will be contacted when your permit is ready to be picked up. There is no fee involved for the initial parking tag however the first replacement tag will include a five-dollar charge and each additional replacement tag thereafter will include a ten-dollar charge as per Borough Ordinance 285-26G. If you have any further questions concerning the residential parking program, you can contact the East Rutherford Police Department Traffic Safety Bureau by email at erpdttraffic@eastutherfordnj.net or check the Borough website www.eastrutherfordnj.net. Chapter 285 of the Borough ordinances detail parking regulations within the borough.

Thank you and drive safely.



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RESIDENTIAL PARKING PERMIT APPLICATION

TEMPORARY _____ RESIDENT _____ VISITOR _____ BUSINESS _____
NAME _____ STREET _____
TOWN _____ STATE _____ ZIP _____
TELEPHONE _____ CELL _____ EMAIL ADDRESS _____
DRIVER'S LICENSE NUMBER/STATE _____

PROPERTY/BUSINESS OWNER NAME _____
STREET _____ TOWN _____ STATE _____ ZIP _____
TELEPHONE _____ CELL _____

TYPE OF RESIDENCE

ONE FAMILY _____ TWO FAMILY _____ MULTI FAMILY _____ APT. BUILDING _____ BUSINESS _____

OFF STREET PARKING: YES NO NUMBER OF VEHICLES _____

VEHICLE: MAKE _____ MODEL _____ COLOR _____ PLATE#/STATE _____

VIN _____

SIGNATURE _____ DATE _____

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POLICE USE ONLY

VALID DL _____ REG _____ INSURANCE _____ PROOF OF RESIDENCY _____

PERMIT # _____ VISITOR # _____ BUSINESS # _____

EXPIRATION DATE _____ REPLACEMENT: YES NO FEE: YES NO

ISSUING OFFICER _____ DATE _____

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED