



BOROUGH OF HALEDON

510 Belmont Ave | Haledon, NJ 07508
Phone: 973-595-7766 | Fax: 973-790-4781
www.haledonboronj.com

Michael A. Johnson Sr.
MAYOR

Mohammad M. Ramadan, MPA
BOROUGH ADMINISTRATOR/ACTING MUNICIPAL CLERK

Joanne VanHook
DEPUTY MUNICIPAL CLERK

Resident Permit Parking Application

Application Type:	<u>Permits must be renewed every year</u> ☐ Initial Application ☐ Renewal Application
Street Location:	☐ Aberdeen Court ☐ Grove Street ☐ Cona Court ☐ Hillcrest Drive
Date of Application:	

❖ **SECTION I: Resident Information**

Proof of residency is required. Applicants must supply a valid New Jersey Driver's License

Name of Applicant		
Address of Applicant		
City: Haledon	State:	Zip Code:
Email Address:		

Name and Address of Property Owner *(If different from applicant)*

Name(s) of registered driver(s) at the Address above

1. _____
2. _____
3. _____
4. _____
5. _____



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❖ **SECTION II: Vehicle Information**

Attach copy of NJDMV registration for each vehicle listed

<i>Vehicle Color</i>	<i>Vehicle Year</i>	<i>Vehicle Make</i>	<i>Vehicle Model</i>	<i>License Plate</i>

Attestation

I certify that the information provided on this application is true and correct to the best of my knowledge. I understand that providing false information may result in denial or revocation of resident parking permits.

Signature of Applicant: _____

Printed Name: _____ ***Date:*** _____

FOR OFFICE USE ONLY

<u>Date Permit Issued:</u>	<u>Number of Permits Issued:</u>	<u>Permit # Issued:</u>
<u>Number of Guest Passes Issued:</u>	<u>Guest Pass # Issued:</u>	<u>Issued By:</u>



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