DOWNTOWN MERCHANT ASSOCIATION
EMPLOYEE PARKING PERMIT APPLICATION

For Municipal Parking Lots Located At:

1. Corner of New & No. William Streets, Woodbridge (B-536, L-13A, 13BB, 14)
2. No. James St., Woodbridge (between School St. & Amboy Ave., Woodbridge) (B-544, L-77, 78)

PERMIT NUMBER _____

LAST NAME: FIRST NAME:

STREET ADDRESS:

CITY: STATE: ZIP CODE:

HOME PHONE : WORK PHONE:

VEHICLE DESCRIPTION:

LICENSE PLATE: COLOR:

YEAR: MAKE: MODEL:

ATTACH COPY OF:

☐ DRIVER'S LICENSE ☐ VEHICLE REGISTRATION ☐ INSURANCE CARD

EMPLOYER (BUSINESS NAME):

BUSINESS ADDRESS:

BUSINESS PHONE:

SIGNATURE OF EMPLOYER:_____

NAME OF EMPLOYER:

CONDITIONS OF USE:

1. Permit must be displayed in the left rear window of the employee's registered automobile.
2. Permit **is not** transferable.
3. Permit valid for the calendar year in which it was issued.
4. Permit must be surrendered to employer upon termination of employment.
5. Employer to surrender permit to Municipal Clerk upon employee termination.

PERMIT NUMBER:_____

DATE ISSUED:_____

PERMIT EXPIRATION DATE:_____