



Borough of Palisades Park

275 Broad Avenue
Palisades Park, NJ 07650
201-585-4100

TO OBTAIN RESIDENT STICKER

Please Bring the following documents with Resident Parking Sticker Application:

******* All under the same name and address*******

1. Current Driver's License
2. Current Car Registration
3. Current Insurance Card
4. Two (2) Different proofs of address (NO Leases)
 - a. Any utilities bills
 - i. PSEG, Optimum, Phone, Wireless Phone, Water
 - b. Current Credit Card Statement, Bank Statement (Print outs are acceptable)



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Resident Parking Sticker Application

Permit #: _____ Visitor # Issued: _____ Date: _____

Name: _____ Phone#: _____

Address: _____

- Are you the: Owner Single Family Home
- Renter Duplex Multi-family/Duplex
- Apartment/Condo/Co-op – Unit # _____

DESCRIPTION OF VEHICLE

Year: _____ Make: _____ Model: _____

Color: _____ Plate#: _____ State: _____

If vehicle is registered at a different address than above:

Address of registered vehicle: _____

- Was a temporary pass previously issued? Yes or No

If Yes, explain: _____

- Did you transfer plates? Yes or No

If Yes, explain: _____

- ID Shown: _____

I affirm that the information supplied in this application to be true and accurate to the best of my knowledge and have not knowingly and with intent to deceive made false, misleading, or fraudulent statements of material facts on this application or in any other document required.

Resident signature: _____ Date: _____



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REQUEST FOR VISTOR'S PARKING PERMIT

RESIDENT'S INFORMATION

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

TYPE OF DWELLING: _____

RESIDENT PARKING PERMIT#: _____

VISTOR'S INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____

MAKE OF VEHICLE: _____

MODEL: _____

LICENSE PLATE#: _____ STATE: _____

**THIS FORM MUST BE COMPLETELY FILLED OUT
RESIDENTS PARKING PERMIT NUMBER IS REQUIRED
RESIDENTS THAT DO NOT OWN A VEHICLE MUST PROVIDE PROOF OF RESIDENCY**

*****OFFICE USE ONLY*****

DATE PERMIT ISSUED: _____

DATE OF EXPIRATION: _____

NAME OF ISSUING OFFICER: _____

PERMIT NUMBER: _____