



Department of Public Safety
135 Haddon Avenue
Haddon Township N.J. 08108
856-833-6200

Application for Overnight Parking

Vehicle License Plate _____

Applicant Name _____

Applicant Address _____

Telephone # _____

E-mail _____

How many cars are registered to your household? _____

Do you have a driveway? Y/N How many cars fit in the driveway? _____

List all the additional cars' license plates in the spaces below

Reason for permit request _____

Are there any permits issued to this address already? Y/N

Applicant certification: I do hereby certify that the information provided on this application is true and correct and that I, the applicant, am a resident of Haddon Township. I also understand I must park in front of or as close as possible to the front of my residence. I further understand having an overnight parking permit does not excuse me from being parked on any street for more than twenty four hours without said vehicle being moved.

Signature _____ Date _____

Permit #

Paid Cash /Check

Is a police investigation needed? Y/N Investigator's Initials/Date _____

Is the permit approved/denied? Reason for Denial _____



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