

CITY OF LAMBERTVILLE
Application for Visitor Parking Permit

Please Print Clearly

Fee: \$25.00

Your Name: _____

Street Address: _____ Apt. # _____

Home Phone: _____ Work Phone: _____

Email address: _____

Driver's License Number: _____ State: _____ Expires: _____

Make of Vehicle: _____ Model: _____

Year of Vehicle: _____ Color: _____

License Plate # _____ State: _____

Vehicle Registration # _____ State: _____ Expires: _____

Name of Person Visiting: _____

I hereby certify that:

The information that I have provided is true and accurate.

I am visiting a resident of the City of Lambertville.

There is no off-street parking available at my residence.

I have read the "Explanation of Residential Parking Permit Ordinance" dated January 27, 1990 and comply with the terms and conditions contained therein.

I understand that:

This permit is valid on the street for which it was issued. It is not valid on other streets or city parking lots.

This permit is not transferable.

This permit does NOT waive compliance with other parking rules or ordinances including, but not limited to, the sweeper and snow removal.

This permit shall be placed in the front window, driver's side of the above named vehicle.

Visitor's Signature: _____ **Dated:** _____

And/or:

Person Visiting's Signature: _____

For Office Use Only

Temporary Permit Issued: _____ **Street:** _____ **Issued by:** _____