

CITY OF LAMBERTVILLE

Please Print Clearly

Fee: \$45

Your Name: _____

Street Address: _____ Apt. # _____

Home Phone: _____ Work Phone: _____ Ext.# _____

Email address: _____

Driver's License Number: _____

State: _____ Expires: _____

Make of Vehicle: _____ Model: _____

Year of Vehicle: _____ Color: _____

License Plate # _____ State: _____

Vehicle Registration # _____ State: _____ Expires: _____

Type of Application: New Renewal Current Permit # _____

Name of Landlord (if applicable): _____

Documentation Provided: Tax Bill (Lambertville/Other State/Both) Current Lease

I hereby certify that:

1. The information that I have provided is true and accurate.
2. I am a part-time resident of the City of Lambertville and have established residency in a different State.
3. There is no off-street parking available at my residence.
4. I have read the "Explanation of Residential Parking Permit Ordinance" dated August 13, 2014, and comply with the terms and conditions contained therein.
5. I understand that:
 - a. This permit is valid on the street for which it was issued. It is not valid on other streets or city parking lots.
 - b. This permit is valid until December 31. The fee is not prorated.
 - c. This permit is not transferable.
 - d. This permit does **NOT** waive compliance with other parking rules or ordinances including, but not limited to, the sweeper and snow removal.
 - e. This permit shall be affixed to the rear window, driver's side of the above named vehicle.
 - f. This permit shall be removed should I move from the street for which the permit was issued.

Signature: _____ Dated: _____

-----For Office Use Only-----

Permit Number: _____ Street: _____ Issued by: _____