

TAG NUMBER ASSIGNED: _____ (office use only)

Township of Washington, Bergen County, New Jersey
Commuter Parking Permit Application 2020
(please print clearly)

Applicant Name: _____

Address: _____

Home Telephone # _____ Cell # _____

Email Address: _____

Viewed Current Driver's License (in person) Copy included (Via Mail)

Maximum of two (2) registered vehicles per address

Vehicle Number One:

Year/Make/Model: _____

License Plate: _____ VIN Number: _____

Insurance Company: _____

Viewed Vehicle Registration (in person) Copy included (Via Mail)
 Viewed Vehicle Insurance Card (in person) Copy included (Via Mail)

Vehicle Number Two:

Year/Make/Model: _____

License Plate _____ VIN Number: _____

Insurance Company: _____

Viewed Vehicle Registration (in person) Copy included (Via Mail)
 Viewed Vehicle Insurance Card (in person) Copy included (Via Mail)

X _____ X _____

Applicant's Signature

Township Clerk

For Office Use Only

Via Mail In person

Annual Fee: \$100 Date Received: _____ Cash Check # _____