



# City of Sea Isle City

MUNICIPAL SERVICES - 2ND FLOOR

233 JOHN F. KENNEDY BLVD.

SEA ISLE CITY, NJ 08243

609-263-4461

PERMIT #: \_\_\_\_\_

## 2016 APPLICATION FOR PARKING PERMIT

### DRIVER INFORMATION

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

LOCAL ADDRESS: \_\_\_\_\_

\_\_\_\_\_

### VEHICLE INFORMATION

LICENSE PLATE NUMBER: \_\_\_\_\_ LICENSE PLATE STATE: \_\_\_\_\_

VEHICLE MAKE: \_\_\_\_\_ VEHICLE MODEL: \_\_\_\_\_

VEHICLE COLOR: \_\_\_\_\_ VEHICLE YEAR: \_\_\_\_\_

**\*\*THIS PERMIT IS ONLY VALID FOR THE ABOVE VEHICLE AND IS NON-TRANSFERABLE\*\***

**By signing below I agree that I am fully aware of the terms and conditions of the parking permit rules and regulations.**

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

**FEE \$200.00**

.....  
OFFICE USE ONLY

DATE RECEIVED: \_\_\_\_\_ CASH \_\_\_\_\_ CHECK \_\_\_\_\_ CHECK # \_\_\_\_\_

“SEA ISLE... A City For All Seasons”