

Borough of High Bridge

97 West Main Street | High Bridge NJ, 08829 | Phone: 908.638.6455 | Fax: 908.638.9374

Parking Permit

Name: _____

Address: _____

Telephone: ____ (____) _____

Term Requested: (check-mark your choice) -----

Month Permit: (\$25.00) | Annual Permit: (100.00) | Government Entity (fee exempt)

Payment Type:-----

Cash: | Paid by check: and check number: _____

Lot Requested: (permit good -only- for the lot approved)

West Main St Commuter Lot: | McDonald Street Lot: | Commons Parking Lot:

Description of Vehicle: -----

Make: _____ Model: _____ Year: _____

License Plate State: _____ License Plate Number: _____

Date of application: ____/____/____ Signature: _____

++++++DO NOT WRITE BELOW THIS LINE - FOR BOROUGH USE ONLY++++++

The following parking permit is hereby granted to the above named applicant for the time period and location specified.

Permit Number: _____

Length of Permit: ____/____/____ to ____/____/____

Lot Assigned: (permit good -only- for the lot approved)

West Main St. Commuter Lot: | McDonald Street Lot: | Commons Parking Lot:

Clerk's Signature: _____ Date: ____/____/____