



BOROUGH OF CONSHOHOCKEN
400 Fayette Street, Suite 200, Conshohocken, PA 19428
Phone: 610-828-1092 Fax: 610-828-0920

Application for Residential Parking Permit

NAME OF RESIDENT/LEASEE: _____

RESIDENT/LEASEE ADDRESS: _____

RESIDENT/LEASEE TELEPHONE: _____

DRIVERS LICENSE NUMBER: _____

MAKE AND MODEL OF CAR: _____

VEHICLE LICENSE NUMBER: _____

OWNER NAME: _____

OWNER ADDRESS: _____

OWNER TELEPHONE: _____

PLEASE CHECK ONE OF THE FOLLOWING:

NEW APPLICATION _____ (\$15.00) REPLACEMENT STICKER _____ (FREE)

***Applicant must provide a valid Driver's License and registration reflecting the address for which you are applying.**

STICKER MUST BE PLACED ON THE LEFT REAR WINDOW OF VEHICLE.

I the undersigned applicant by affixing my signature to this application is stating that all the information listed above is true and correct. I also understand that this permit exempts my vehicle only from the posted parking time limit and that I will abide by all the regulations set forth by the Borough of Conshohocken and that a breach of these regulations will make me subject to the penalties listed below and the loss of my parking privileges through this program.

Therefore, I, the undersigned, verify that the facts set forth in the foregoing application are true and correct to the best of my knowledge, information and belief. I also understand that any false statements made on this application are made subject to the penalties of 19 PA C.S. 4904 relating to unsworn falsification to authorities.

APPLICANT'S NAME (PRINT)

APPLICANTS SIGNATURE

DATE OF APPLICATION

STICKER NUMBER