Borough of Fair Lawn

Dolough of Fair Lawn	
Parking Hardship Permit Application	

(Please print clearly)

Name:	(Drivers Name)	
Street:	(Drivers Name)	
City, State:	(Where vehicle will be parked)	
Phone: H: _	C: (Where driver can be reached)	
E mail	(Where and be reached)	
	Bring your vehicle registration and driver license or other proof of residency	
<u>Permission</u>	requested Overnight: Daytime:	
SEP A	RATE PERMITS ARE ISSUED FOR EACH VEHIC	<u>LE</u>
Vehicle Ow	ner's Name:	
Vehicle Ow	ner's Address:	
Vehicle Yea	r: Make: Model:	
License Pla	te# Vehicle Color:	
	SH – CHECK, MONEY ORDER OR CREDIT CA E APPLIES TO ALL CREDIT CARD TRANSAC	
<u>1</u>	Make checks payable to: Borough of Fair Lawn	
•	oplication and payment to Fair Lawn Police Records Bu at Borough Hall, 8-01 Fair Lawn Ave, Fair Lawn, NJ 07	
	DO NOT MAIL THIS APPLICATION	
	(Please do not write below this line)	
Credit Card	#: Payment:	
Chack Num	her: Date Issued:	