

Weehawken Parking Authority

~ParkSmart~

4528 Park Avenue
Weehawken, NJ 07086

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parksmart@weehawkenpa.org

All information will be maintained in strict compliance with New Jersey State Law.

All fields containing (*) are required fields.

Applicants must live in Weehawken in order to apply for and continue using the permits issued by the Weehawken Parking Authority. A violation of any Weehawken Township parking ordinance may result in the forfeiture of your parking permit privileges.

Please have the following documents when applying for a “Residential Sticker”.

- Valid Weehawken Driver’s License
- Valid Weehawken Vehicle Registration
- (2) Current Weehawken Proofs of Residency

Or

- Valid Driver’s License
- Valid Vehicle Registration
- (3) Current Weehawken Proofs of Residency

In the event that the vehicle for which the applicant is applying for is leased or registered to someone other than the applicant, the applicant will present a copy of the vehicle’s lease and/or the insurance declaration page which will contain the applicant’s name.

Visitor Permits will be issued upon presentation of a government issued Photo ID of the applicant and (2) current Weehawken proofs of residency.

Please choose the type of permit(s) you are applying for:

Resident Sticker _____ Commercial Resident _____ Visitor Permit(s) _____ Daily Visitor _____

Resident Information (Please print clearly)

*Resident Name:		
*Address:	*Apt #:	Floor #:
*Telephone #:	Cell Phone #:	
Email Address:		

Driver’s License / Government Photo ID Information (Please print clearly)

*Name on License:		
Address on License:		
*Driver’s License #:	*State:	*Expiration Date:

Vehicle # 1 Registration Information (Free)

*Owners Name:

*Address:

*License Plate #	*Expiration Date	*Color	*Make	*Model	*Year
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Vehicle # 2 Registration Information (Free)

*Owners Name:

*Address:

*License Plate #	*Expiration Date	*Color	*Make	*Model	*Year
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Vehicle # 3 Registration Information (\$10.00)

*Owners Name:

*Address:

*License Plate #	*Expiration Date	*Color	*Make	*Model	*Year
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Applicant Signature: _____

Date: _____

******Do Not Write Below This Point******

Completed By: _____

Date Completed: _____

Payments: _____

Additional Notes:
