

Complete this form and return to

WEEHAWKEN PARKING AUTHORITY

4200 Park Avenue, Weehawken, NJ 07086 / parksmart@weehawkenpa.org

Resident's Name: _____ Signature: **optional/required if hardcopy**

Resident's Address: _____ Apt. # _____

Phone #: _____ Email _____

.....

Check here if: **Permit #** _____ **License Plate** _____ **State** _____

No longer
owns car

Make _____ **Model** _____ **Color** _____ **Year** _____

Check here if:

Permit # _____ **License Plate** _____ **State** _____

No longer
owns car

Make _____ **Model** _____ **Color** _____ **Year** _____

.....

Check here if: **Permit #** XXX _____ **License Plate** _____ **State** _____

New car

Make _____ **Model** _____ **Color** _____ **Year** _____

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The above permit number(s) is/are maintained active in our records. Please verify the data we have provided and fill in the remaining information. Please check the appropriate box to remove a car from the household's record. Please check the appropriate box to add a car to the household's record and provide the vehicle's registration and other documentation, if required.

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Please submit a copy of your current:

Driver's License

Vehicle Registration

Vehicle Insurance Card

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Please use reverse if additional space is required