CITY OF EAST ORANGE
OVERNIGHT ON-STREET PARKING APPLICATION

Date___________________________

This will certify that I____
(Name of Applicant)

residing at ____
(Address)

in the City of East Orange on a street designated by Resolution for overnight parking and that there is insufficient parking at this address for my vehicle (s).

<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<

This will certify that I ____
(Name of Building Manager/Property Owner) (Phone Number)
(MUST HAVE AN INDIVIDUALS NAME – NOT A COMPANY NAME)

am the Property Owner/Building Manager of above address and certify that there is insufficient space at this location to park a vehicle.

State of New Jersey
County of Essex
City of East Orange

A F F I D A V I T

_______________________________________ says that he/she is the individual making the foregoing application for an **OVERNIGHT PARKING PERMIT** and that the answers to the questions contained herein are true.

Subscribed and sworn before me this___________day of _______________________20________

____

(NOTARY SIGNATURE)

____

(APPLICANT SIGNATURE)