

**Notes:** 

## **Bloomingdale Police Department**

**Overnight Parking Application** 

\*\*SUBMIT THIS FORM\*\*



## ONE APPLICATION MUST BE COMPLETED FOR EACH HOUSEHOLD

Are all household	nt of the Borough d vehicles register wn Address:	ed to a Bloomingo	dale address?	□No Yes □No (list	address below)	
APPLICANT INFO	RMATION					
Name:	Address:		Phone:			
				emergency parking singlesing sing		
VEHICLE(S) INI	ORMATION	(USE BACK OF FO	RM TO LIST ADDITIO	NAL VEHICLES)		
A COPY OF EACH \	/EHICLE REGISTRAT	ION AND INSURAN	ICE CARD <u>MUST</u> A	CCOMPANY THIS A		
Plate #:	Year:	·	Make:			
Plate #:	Year:	·	Make:			
Plate #:	Year:	Make:				
Plate #:	Year:	Make:				
Plate #:	Year:	Make:		Color:		
PAF	RKING PERMIT DOES	NOT EXEMPT YOU FI	ROM PARKING ON A	SNOW-COVERED RO	<u>AD</u>	
		ADMINISTRAT	IVE USE ONLY			
Initial Applicatio	n Received By:		(Valid insu	rance/Registratio	n for vehicles)	
Application Approved By: Date:						
Check/Money Order #:		Amount:		Receipt#:		
Number of Perm	its Approved:					
TAG NUMBER	TAG NUMBER	TAG NUMBER	TAG NUMBER	TAG NUMBER	TAG NUMBER	
Parking Permits Received By: Date:						