

NAME:_____

Borough of Flemington

38 Park Avenue Flemington, New Jersey 08822 Phone (908) 782-8840 Fax (908) 782-0142

APPLICATION

FOR BOROUGH PARKING PERMIT- RESIDENTS ONLY

ADDRESS:	
PHONE:	
VEHICLE (TYPE):	COLOR:
LICENSE PLATE NUMBER:	
DATE OF APPLICATION:	
(For Visitors Permit - ask in Cle	rk's Office)
By signing this application you Bo	are acknowledging you will comply with Flemington brough Ordinance 7-4.11
	Applicant Signature

Do Not Wri	te Below Line - For Borough Clerk
PERMIT NUMBER:	ID Shown: □ NJ Registration □ NJ Driver's License □ Other
DATE ISSUED:	 -
INITIALS OF PERSON ISSUING:	
VISITORS PERMIT ISSUED	
	QTY: