## WEEKEND ONLY PERMIT VALID FOR SATURDAY AND SUNDAY

## MONROE TOWNSHIP RESIDENTS ONLY THIS PERMIT IS NON-TRANSFERABLE TO ANOTHER PERSON

Applicant's Full Name_	
Permanent Home Addre	\$\$
Proof of residence requi	red
Telephone Number	
Driver's License Numbe	License Plate Number   Y THAT THE ABOVE INFORMATION IS CORRECT   Date:   Date:
Year, Make & Model of `	
Name:	Date:
Submit application	with a copy of your current: <u>N.J. Vehicle Registration</u> ove, along with your Driver's License.
PARKING IN THE APPLEC <u>BASIS</u> . A SPACE IS NOT G	
FO	R OFFICE USE ONLY:
Per	nit Number:

Date Issued: \_\_\_\_\_