

CITY OF HACKENSACK
DEPARTMENT OF POLICE
TRAFFIC DIVISION
RESIDENT PARKING PERMIT APPLICATION

The City of Hackensack has adopted a City Ordinance to create "Resident Only" on street parking in designated areas. In an effort to alleviate a shortage of on-street parking for Hackensack residents and taxpayers, the City Council has decided to permit on-street parking on certain City streets only for those vehicles with resident permits. No vehicle shall be parked on the streets or parts of streets constituting an area designated in Subsection E during the hours designated in Subsection E unless the following criteria is met:

- The vehicle is owned , leased by, or operated on a regular basis by a resident of that area; and
- The vehicle has displayed on its left rear window in such manner as to be visible from the outside, a valid resident parking permit **assigned to that particular vehicle**; or
- The vehicle is an emergency vehicle, a public service, telephone company, or other public utility vehicle, a contractor, a service or delivery vehicle, and said exempted vehicle is present only during the time as services or repairs are being rendered within the area.

The City of Hackensack reserves the right to revoke any parking permits, at any time, if it is found that the required criterion is no longer being met. **The issuance of a resident parking permit shall not exempt a resident from obeying all other traffic and parking rules, regulations, ordinances and laws in effect in the area.**
*****RESIDENT PARKING PERMITS ARE NON-TRANSFERABLE*****

Please complete and return your signed application to the Hackensack Police Traffic Division.
A SEPARATE APPLICATION MUST BE FILLED OUT FOR EACH VEHICLE

Last Name: _____ First Name: _____ MI: _____

Home Address: _____ City _____

State: _____ Zip Code: _____ Tel: _____

VEHICLE INFORMATION

Make: _____	Model: _____	Year: _____	Color: _____
Body Type: _____	License Plate: _____	State: _____	

If vehicle is registered to someone other than the person listed above, please provide the following:

Registered Owner:

Last Name / Business Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

I hereby agree that all information supplied is true and accurate and any misrepresentations will result in parking permit being revoked.

Signature: _____ **Email** _____

For City Use Only

Permit # _____ Date Issued: _____ Issued By: _____

Means of Residency Verification: _____