

TOWNSHIP OF JACKSON

Municipal Building
95 West Veterans Highway
Jackson, New Jersey 08527
(732) 928-1200 - FAX: 732-928-4377

APPLICATION FOR PARKING PERMIT

For Municipal Use Only

RESIDENT _____ No Fee

NON-RESIDENT _____ Fee = \$200.00
Duplicate Permit = \$ 5.00
Replacement Permit Fee = \$ 3.00
Temporary Permit Fee = \$ 2.00
One-Day Daily Fee = \$ 10.00

Please Note: Parking permits are issued on a first come, first serve basis. There is no guarantee that a permit will be available if the application process is conducted through the mail. Attached is a copy of Township Ordinance #18-07 & Ordinance #06-14 setting forth the rules and regulations for the Park and Ride sites within the Township of Jackson.

Permit Number: _____

Jackson Park & Ride - Industrial Way/Cedar Swamp Road

NOTE: AT TIME OF APPLICATION, THE APPLICANT SHALL PRESENT TO THE TOWNSHIP CLERK CURRENT COPIES OF APPLICANT'S DRIVERS LICENSE, N.J. MOTOR VEHICLE REGISTRATION & INSURANCE ID CARD ON THE VEHICLE FOR WHICH THE PERMIT IS BEING ISSUED. FAILURE TO PROVIDE ALL INFORMATION WILL RESULT IN DENIAL OF PERMIT.

(Please Print)

Date: _____

Signature of Applicant _____

NAME: _____

ADDRESS: _____

TELEPHONE (DAY): _____ TELEPHONE (EVENING): _____

MOTOR VEHICLE INFORMATION: YEAR: _____ MAKE: _____

MODEL: _____ COLOR: _____ PLATE NO.: _____

Please do not write below this line

I, Ann Marie Eden, RMC, Municipal Clerk of Jackson Township in the County of Ocean, State of New Jersey, declare that the above referenced applicant has satisfied the requirements set forth in Ordinance #18-07 & Ordinance #06-14 regarding "PERMIT PARKING" within the Township of Jackson and is hereby issued a Parking Permit for the above noted location. This permit expires December 31st.

_____ Date

Ann Marie Eden, RMC,
Municipal Clerk