PERSONAL INFORMATION: First Name: _____ Last Name: _____ Home Address: City:_____ Zip:_____ Vehicle Make: Model: Year: License Plate # PREFERRED E-MAIL ADDRESS: Short Term Residential - maximum 3 hours per day = \$10 annually per vehicle Merchant and/or Employee = \$50 per month Full Service 24 hour/7 day a week = \$275 quarterly; \$500 semi-annually; \$960 annually Kindly remit this form with your payment. Check must be made payable to "Borough of Somerville" and mailed to Borough of Somerville, 25 West End Avenue, Somerville, NJ 08876 Attention: "Lot 8 Permit Office". The undersigned acknowledges that the issuance of a permit for Borough of Somerville Parking Lot 8 is only valid in Parking Lot 8. Specific parking spaces are not assigned; parking is limited to Lot 8. Registrant agrees that Borough is not responsible for loss or injury to person or property while registrant is using this lot.

Date

Signature