



PARKING METER PERMIT

DATE: _____

NAME OF APPLICANT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ Email: _____

DATE(S) OF USE: _____

LOCATION OF METER(S): _____

METER NUMBER(S): _____

REASON FOR USE OF METERED SPACE: _____

FEE: \$5.00 per meter/per day (checks payable to the **BOROUGH OF RUTHERFORD**)

TOTAL FEES PAID: \$ _____ Check No.: _____ Cash: _____

Issued By: _____ **Date:** _____

cc: Police Department