

**BOROUGH OF HONESDALE  
958 MAIN STREET, HONESDALE, PA 18431  
TELEPHONE: 570-253-0731 EXTENSION 15**

**2019 CALENDAR QUARTERLY TEN (10) HOUR METER PARKING  
PERMIT APPLICATION**

**ONLY FOR USE AT:      10 HOUR METERS EAST OF CHURCH STREET**

**NOT VALID FOR ANY TWO-HOUR METERS.**

**NOT VALID FOR THE PARK AND SHOP LOT ON MAIN STREET, OR RESTRICTED PARKING AREAS.**

**WINTER OVERNIGHT PARKING RULES REMAIN IN EFFECT**

By signing below, I understand and I am certifying:

1. I will not use this permit for any vehicle other than the vehicles on this original application.
2. If I dispose of a vehicle and replace it with another, I must notify Honesdale Borough parking enforcement of all new vehicle information or I may be ticketed. If my vehicle is in the shop and I have a loaner/rental, I may use my original permit if notifying the borough by 10am.
3. I understand there is no guarantee I will find a parking place at a 10-hour meter near my destination.
4. There are no designated/reserved parking spaces/meters for anyone.
5. This permit expires at the end of my current quarter purchased.

When making application:

1. Please complete this form in its entirety (front and back)
2. Please have the following vehicle information available:
  - a. Year, make, model, and color
  - b. license plate number

**Print Name:** \_\_\_\_\_

**Print Address:** \_\_\_\_\_

**Cell Phone #:** \_\_\_\_\_ **Home#:** \_\_\_\_\_ **Work#:** \_\_\_\_\_

Employer (optional): \_\_\_\_\_

Vehicle #1 Year, Make, Model, Color: \_\_\_\_\_

Vehicle #1 Plate number: \_\_\_\_\_

Permit #: \_\_\_\_\_

Vehicle #2 Year, Make, Model, Color: \_\_\_\_\_

Vehicle #2 Plate number: \_\_\_\_\_

Permit #: \_\_\_\_\_

Vehicle #3 Year, Make, Model, Color: \_\_\_\_\_

Vehicle #3 Plate number: \_\_\_\_\_

Permit #: \_\_\_\_\_

Quarterly permits may be renewed each quarter using this application. Please bring your actual permit placard into the borough office when renewing.

Fee per quarter through December 2019: \$80.00 each (no proration)

Applicant Signature: \_\_\_\_\_

**For Borough Use Only**

Total Fee: **\$ 80.00** \_\_\_\_\_

Credit Card Type: \_\_\_\_\_

Cash: \_\_\_\_\_

Check Number: \_\_\_\_\_

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

Borough Representative Signature: \_\_\_\_\_