

**HALF YEAR: JANUARY – JUNE**

**JULY - DECEMBER**

**PARK & SHOP LOT PARKING PERMIT APPLICATION**

**VALID FOR HALF YEAR, JAN – JUNE OR JULY - DEC 2024**

**MONDAY – FRIDAY (LOT OPENS AT 7AM AND CLOSES AT 9PM)**

**ONLY FOR USE AT: PARK & SHOP LOT**

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

**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 shall 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 , failure to do so, will result in tickets being valid.
3. There are no designated/reserved parking spaces for anyone.

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

Half Year (Jan – June or July - Dec) permits may be renewed using this application. Please bring your actual permit placard into the borough office when renewing.

Fee per half year, Jan – June or July - Dec 2024: \$190.00 each \*No Proration\*

**\*\*Noteworthy:** Limited number of Park & Shop spaces are available. Please check if space is available. \*\*

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

**For Borough Use Only**

Total Fee: \$ 190.00

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

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

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

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

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