



Al Macdonald
DIRECTOR

City of Linden

UNION COUNTY, NEW JERSEY
DEPARTMENT of Public Property & COMMUNITY SERVICES
605 S. Wood Avenue
Linden, New Jersey 07036

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APPLICATION FOR THREE-MONTH RAILROAD STATION PARKING PERMIT

The City of Linden will issue a THREE (3) month Railroad Station Parking Permit at the beginning of each quarter. **Permit Parking** (three months/quarterly) is allowed only on the **SOUTHBOUND/ELIZABETH AVE.** side of the Linden Railroad Station in the **non-numbered spaces**. The permits will be issued on a quarterly basis from **January 1 to March 31; April 1 to June 30; July 1 to September 30 and October 1 to December 31** of each year. The fees are as follows and will not be pro-rated:

Linden Residents (proof of residence required): \$190.00 per three (3) month period.
Non-Linden Residents (no proof of residence): \$225.00 per three (3) month period.

Checks should be made payable to the "City of Linden" and are NOT REFUNDABLE. If your check is returned by the bank, all bank charges plus a \$25.00 service fee must be paid to the City of Linden in cash or money order.

****NOTICE - APPLICATIONS WILL ONLY BE ACCEPTED BY MAIL****
*****NO WALK-INS ACCEPTED*****

Mail to: City of Linden: Dept. Of Public Property & Community Svcs.; 605 S. Wood Ave., Linden, NJ 07036

PLEASE ENCLOSE: APPLICATION; CHECK; COPY OF DRIVER'S LICENSE or application will be returned and a permit will not be issued. All monies must be received **NO LATER THEN THE 15TH** of the last month of the preceding quarter in order to receive the permit for the beginning of each new quarter. **NO EXPIRED PERMITS WILL BE HONORED.**

APPLICATION Renewal (Y) (N) (Circle One)

Date: _____ Driver's License# _____

PHOTO COPY OF DRIVER'S LICENSE IS REQUIRED. APPLICATION WILL BE RETURNED IF NOT INCLUDED.
Please print the following information:

Name: _____ List Vehicle Plate Number & State: _____

Address: _____ Plate #: _____ State: _____

City: _____ Phone #: _____

Signature: _____ Cell #: _____

Email Address: _____

DO NOT WRITE BELOW THIS LINE FOR OFFICIAL USE ONLY

Received: _____ Check #: _____ Amt. \$ _____ Cash \$ _____ Mailed/Picked Up _____