



**THE BOROUGH OF PROSPECT PARK
DEPARTMENT OF POLICE
106 Brown Avenue, Prospect Park, NJ 07508
TELEPHONE: (973) 790-7900 – FAX (973) 904-1441**



Mohamed T. Khairullah
Mayor

Charbel Atie
Chief of Police

TIME LIMIT PARKING

Check One:

- _____ Request for Time Limit Parking for:
- _____ 15 Minutes
- _____ 30 Minutes
- _____ 2 hours
- _____ Request for Time Limit Parking Sign Removal

Date: _____ **Name of Business:** _____

Applicant Name: _____

Phone Number: _____

Business Address: _____

Applicant E-mail address: _____

Business Hours: _____

Category of business: _____

Briefly describe the preferred location for the time limit sign: _____

Please explain why time time-limit parking is needed?

Is there a driveway or carport at this address? Yes _____ **No** _____

- **If yes, do you have access to the driveway or carport? Yes** _____ **No** _____

- If you have access to the driveway or carport, briefly explain why you are unable to use the same and require a time limit parking space:

Are you the property owner of your business? Yes _____ No _____ If no, do you have letter of authorization from the landlord? Yes ___ No _____

I am applying for a Time Limit Parkin in front of my business. I understand that it is my responsibility to notify the Prospect Park Police Department if the space is no longer required due to my no longer business, change of address etc. I understand that time limit parking are provided for only the customers/business purpose.

Signature: _____

If you are not the property owner, please supply an authorization letter from the property owner.

TIME LIMIT PARKING SPACE REMOVAL REQUEST

Briefly explain why you are requesting for the removal of space:

Signature: _____ Date: _____

OFFICE USE ONLY		
Prospect Park Police Department		
Recommended for Approval:	Recommended for Denial:	Date:

Comments:	Prospect Park Permit No. (Specific Personal Space Only):	
Prospect Park Borough Administrator		
Approved:	Denied:	Date:
Council Affirmed with Ordinance No:		