

Borough of Franklin
APPLICATION FOR OVERNIGHT PARKING PERMIT

Permit # _____

1. Resident: yes { no {
2. Name and address of the applicant: _____

3. Phone number of the applicant, including emergency contact number:

Emergency contact number: _____
4. Vehicle Description: attached copy of registration
Year _____ Make _____ Model _____ Color _____ Plate # _____
Drivers License Number _____ State _____
5. If a Visitor list date of stay _____

NOTICE TO APPLICANT

1. The Borough of Franklin is not responsible for any damage done to vehicle.
2. Vehicles must be removed within 12 hours after snowfall.
3. Failure to exhibit a permit between 2 AM and 6 AM will result in vehicle being towed.
4. Vehicles with a gross vehicle weight of 30,000 pounds are prohibited.

I acknowledge that all information and representations made in this application are true and accurate. I certify that I will abide by all of the provisions of Ordinance 7-2002. I understand the Borough, its employees, officers and agents shall be held harmless from all loss, damage, claim or expense arising from the permit.

Signed: _____ Printed Name: _____

Date: _____

Fees: Non-Residents \$50.00 (Residents No Fee)
Visitor \$10.00 up to 7 days
Commercial Vehicles \$200.00

For Official Use Only

Application Fee Paid: \$ _____ Cash Check Check # _____

Received by: _____ Date Received: _____ Date issued: _____