

BOROUGH OF GREEN TREE

PARKING PERMIT APPLICATION

Date of Application _____

APPLICANT INFORMATION

Name: _____ PA License # _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

E-Mail Address: _____

OWNER INFORMATION

Owner of Vehicle: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

VEHICLE INFORMATION

Year _____ Make _____ Model _____

Color _____ License Plate _____ VIN # _____

The following items must be submitted with application:

Proof of Residency _____ Proof of Ownership _____

Proof of Insurance _____ Proof of Drivers License _____

Signed: _____ Date: _____

Reviewed by: _____ Date: _____

Approved _____ Rejected _____

Reason for Denial: _____
