

**Delanco Township Resident Parking Permit Application**

Name of Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

**Vehicle #1 Initial \_\_\_ or Replace \_\_\_ Lost/Stolen (Check one)**

Owner of Vehicle: \_\_\_\_\_

Vehicle Plate#: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ (month & Year)

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

\*If vehicle is **NOT** registered to property owner's address, complete the following:

Name of Principle Driver: \_\_\_\_\_

Address of Principle Driver: \_\_\_\_\_

**OFFICIAL USE  
ONLY**

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

Date

Issued: \_\_\_\_\_

**Vehicle #2 Initial \_\_\_ or Replace \_\_\_ Lost/Stolen (Check one)**

Owner of Vehicle: \_\_\_\_\_

Vehicle Plate#: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ (month & Year)

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

\*If vehicle is **NOT** registered to property owner's address, complete the following:

Name of Principle Driver: \_\_\_\_\_

Address of Principle Driver: \_\_\_\_\_

**OFFICIAL USE  
ONLY**

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

Date

Issued: \_\_\_\_\_

**Vehicle #3 Initial \_\_\_ or Replace \_\_\_ Lost/Stolen (Check one)**

Owner of Vehicle: \_\_\_\_\_

Vehicle Plate#: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ (month & Year)

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

\*If vehicle is **NOT** registered to property owner's address, complete the following:

Name of Principle Driver: \_\_\_\_\_

Address of Principle Driver: \_\_\_\_\_

**OFFICIAL USE  
ONLY**

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

Date

Issued: \_\_\_\_\_

**Vehicle #4 Initial \_\_\_ or Replace \_\_\_ Lost/Stolen (Check one)**

Owner of Vehicle: \_\_\_\_\_

Vehicle Plate#: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ (month & Year)

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

\*If vehicle is **NOT** registered to property owner's address, complete the following:

Name of Principle Driver: \_\_\_\_\_

Address of Principle Driver: \_\_\_\_\_

**OFFICIAL USE**  
**ONLY**

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

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

**Vehicle #5 Initial \_\_\_ or Replace \_\_\_ Lost/Stolen (Check one)**

Owner of Vehicle: \_\_\_\_\_

Vehicle Plate#: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ (month & Year)

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

\*If vehicle is **NOT** registered to property owner's address, complete the following:

Name of Principle Driver: \_\_\_\_\_

Address of Principle Driver: \_\_\_\_\_

**OFFICIAL USE**  
**ONLY**

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

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

**VISITOR PARKING PERMITS:**

**Initial \_\_\_ or Replace \_\_\_ Lost/Stolen (Check one)**

**Indicate the number of permits Request (Max 5)**

**(0-5)**

**OFFICIAL USE**  
**ONLY**

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

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

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