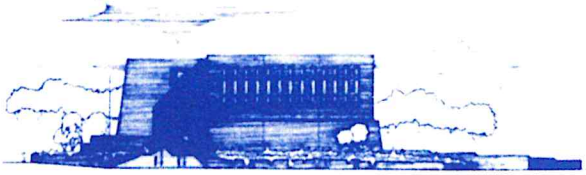
Borough of Cliffside Park
Police Department

Municipal Complex
525 Palisade Avenue
Cliffside Park, New Jersey 07010
(201) 945-3600

"ON TOP OF THE PALISADES"



RESIDENT PARKING APPLICATION

NAME: _____
FIRST NAME **LAST NAME** **MIDDLE**

ADDRESS: _____
HOUSE NUMBER **STREET** **APT.**

HOME PHONE NUMBER: (_____) _____

CELL PHONE NUMBER: (_____) _____

LICENSE PLATE: _____

ONE OF THE FOLLOWING IS REQUIRED FOR ISSUANCE:

- **Original valid New Jersey Motor Vehicle Registration; this document shall reflect an address in the Borough of Cliffside Park**
- **Original valid Automobile Insurance Card; this document shall reflect an address in the Borough of Cliffside Park**
- **Original valid New Jersey Driver's License; this document shall reflect an address in the Borough of Cliffside Park**
- **Copy of a valid Lease; this document shall reflect an address in the Borough of Cliffside Park**
- **Copy of a valid and current PSEG and SUEZ Bill; this document shall reflect an address in the Borough of Cliffside Park**
- **Copy of Property Tax Card proving ownership in the Borough of Cliffside Park**

OFFICIAL USE ONLY

OFFICER'S BADGE #: _____ **DATE:** _____

PARKING PERMIT NUMBER: _____

CAD #: _____