Permit #: _____

TOWN OF ROCKINGHAM
VILLAGE OF BELLOWS FALLS

PARKING PERMIT
APPLICATION AND AFFIDAVIT

DATE: _____/____/____

NAME: _____
LAST FIRST MIDDLE INITIAL

PHYSICAL ADDRESS:_____

MAILING ADDRESS: _____

_____
CITY STATE ZIP CODE

HOME PHONE:_____ WORK PHONE: _____ MOBILE PHONE: _____

EMAIL ADDRESS: _____

LICENSE PLATE: _____VEHICLE YEAR:_____ VEHICLE MAKE:_____

DRIVER'S LICENSE ID# _____

AFFIDAVIT

I, HEREBY SWEAR, UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS CORRECT AND THAT THE APPLICANT AGREES TO ABIDE BY ALL TERMS OF THIS POLICY, AND THAT THE ABOVE REFERENCED VEHICLE IS REGISTERED TO THE ABOVE NAMED INDIVIDUAL.

_____
SIGNATURE OF APPLICANT

_____ _____
DATE APPROVED AUTHORIZED SIGNATURE

Do not write below this line – office use only

Date received: _____	Received by: _____	
Fee: _____	Fee Paid: ck # _____	Cash _____
Date Permit Issued: _____	Permit #: _____	