

**THE PARKING AUTHORITY OF THE CITY OF CAMDEN**  
**10 Delaware Avenue, Camden NJ 08103, 856-757-9300**  
**info@camdenparking.net**



**Residential Parking Permit Application Form**

**Zone 1---2---3---4**    **Date:** \_\_\_\_\_ / \_\_\_\_\_ / **2021**

_____ / _____ / _____		
First Name	Last Name	Signature
_____ / _____ / Camden, NJ / _____		
Address	Apt. No.	Zip Code
_____ / _____		
Telephone No. and Email address		

Make/Model _____	License Plate #: _____
Permit # _____	Expires: <b>2021</b>

Make/Model _____	License Plate #: _____
Permit # _____	Expires: <b>2021</b>

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

Expires: **2021**

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

Amount Paid \$ \_\_\_\_\_ Expires: **2021**

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

Expires: \_\_\_\_\_ / **2021**

Submitted by: \_\_\_\_\_