HOBOKEN DEPARTMENT OF TRANSPORTATION & PARKING
94 Washington Street | Hoboken | New Jersey | 07030 | 201.653.1919 | www.hobokennj.org

Midtown Garage Monthly Parking Application

DATE: _____

APPLICANT INFORMATION:

NAME: _____
(LAST NAME) **(FIRST NAME)** **(MIDDLE INITIALS)**

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE #: _____ E-MAIL ADDRESS: _____

PRIMARY TELEPHONE: _____ BUSINESS TELEPHONE: _____

VEHICLE REGSITRATION INFORMATION:

YEAR: _____ MAKE: _____ MODEL: _____

PLATE #: _____

NAME: _____
(LAST NAME) **(FIRST NAME)** **(MIDDLE INITIALS)**

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PERMIT TYPE: { } MONTHLY { } MONTHLY LIMITED*

COMMENTS: _____

_____

_____

_____

_____

*Monthly limited requires vehicle to be removed from garage Monday to Friday between 10AM and 4PM

Dawn Zimmer
Mayor

Ian Sacs, P.E.
Director