



Request for Special Consideration

Date _____

Resident { } Business Owner { } Business Employee { } Visitor { } City Employee { }

Note: Appropriate documentation to demonstrate local status is required.

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

HOME ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE # _____ E-MAIL ADDRESS _____

Question Group A:

- Are you employed by a local emergency services agency? Yes { } No { }
- Are you an owner or employee of a non-profit organization? Yes { } No { }
- Are you employed by a local State, County, or City funded facility? Yes { } No { }
- Do you have a disability that permanently prevents you from driving? Yes { } No { }

Question Group B:

- Do you currently qualify for any type of Hoboken parking permit? Yes { } No { }
- Does any vehicle in question exceed eighteen (18) feet in overall length? Yes { } No { }
- Do the hours in question extend beyond 8:30AM to 5:30PM? Yes { } No { }

Please use the rear of this page to explain the circumstances for which you request special consideration, or attach a letter to this form. If applicable, please attach copies of driver's license and vehicle registration for all individuals and vehicles in question.

FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

COMMENTS:

THIS FORM MUST BE RETURNED

