



Oakland Police Department

295 Ramapo Valley Road
Oakland, NJ 07436



Tel: 201-337-6171 • Fax: 201-337-5802

Keith Sanzari
Chief

APPLICATION FOR AUTHORIZED STREET PARKING

Name: _____

Address: _____

Phone #: _____

PLEASE LIST THE FOLLOWING INFORMATION FOR VEHICLE(S):

MAKE	YEAR/MODEL/COLOR	LICENSE#	DRIVER/RELATIONSHIP TO ABOVE IND.

Which vehicle(s) are you applying for? _____

Please describe your hardship as briefly as possible.

I understand that approval of this application applies only to parking on the street at my residence and is subject to the conditions set forth in Chapter VII, Section 7-16. A, B, C and D.

Signature of Applicant Date

Construction Official's Recommendation:

Construction Official's Signature

Date

Traffic Safety Bureau Recommendation:

Traffic Safety Officer's Signature

Date

APPLICATION: APPROVED ()
DENIED ()

PERMIT #: _____

Chief of Police Signature

Date