



BOROUGH OF WEST CHESTER

401 EAST GAY ST
WEST CHESTER, PENNSYLVANIA 19380

(610) 696 - 4521 PHONE

(610) 436 - 1330 FAX

PARKING SERVICES & ENFORCEMENT DEPARTMENT

Resident Parking Permit Application Affidavit

Please Print Clearly

(Parents) Home Information:

Name:

Address:

Phone Number:

Date:

Vehicle Information:

Lic. #:

Make/Model:

Color:

Year:

Application Affidavit:

I *Mr./ Mrs.:* _____ give the Borough of West Chester's Parking Department permission to issue a residential permit to my *daughter/son* _____, She/He resides at *Borough Address:* _____ and is driving the above referenced vehicle registered to *Mr./ Mrs.:* _____.

As the registered owner(s) of this vehicle I/(we) take co - responsibility w/ our Son/Daughter for paying all Borough parking tickets issued to this vehicles license plate number. Furthermore I hereby swear, under penalty of Law that the information on this affidavit is correct and that the applicant is a legal resident of the Borough of West Chester at the address above. Moreover, that the above referenced vehicle is insured and registered in the State of Pennsylvania.

Parents Signature:

Date:

Son/Daughters Signature:

Date: