



BOROUGH OF WEST CHESTER

401 EAST GAY ST
WEST CHESTER, PENNSYLVANIA 19380
(610) 696 - 4521 PHONE
(610) 436 - 1330 FAX

Parking Services Department

Date:

(Parents) Home Information

Name:

Address:

Phone#:

Vehicle Information:

License#:

Make/Model:

Year:

APPLICATION AFFIDAVIT:

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

As the registered owner(s) of this vehicle, I/we take co-responsibility with 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 and the above address. Moreover, that the above-referred vehicle is insured and registered in the State of Pennsylvania. The owner of the vehicle can only have a parent/child relationship

Parents

Signature: _____ /Date: _____

Son/Daughter

Signature: _____ /Date: _____

PLEASE SEE REVERSED SIDE FOR REQUIREMENTS TO OBTAIN A PARKING PERMIT