



Borough of Rocky Hill Parking Permit Application

Name: _____

Make of Vehicle: _____ Model: _____

License Plate: _____ Color: _____

Reason: ___ Member Rocky Hill Hook and Ladder Company

 ___ Member Rocky Hill First Aid Squad

 ___ Other _____

For Office Use Only:

Approved by: _____ Date: _____

Signature: _____

Tag Issued: _____

REMIT TO:

Borough of Rocky Hill
PO Box 188
Rocky Hill, NJ 08553

FAX: 609-924-2274

EMAIL: Clerk@Rockyhill-nj.gov