



East Rutherford Police Department

117 Stanley Street, East Rutherford, N. J. 07073

Telephone: (201) 438-0165 ~ Fax: (201) 438-1821

Dennis Rivelli
Chief of Police

Traffic Safety Bureau

Thank you for participating in the East Rutherford residential parking permit program. In order for your application to be approved you must complete the following steps:

1. Complete the attached application. **Incomplete applications cannot be processed.**
2. You must provide PHOTOCOPIES of each of the following identifiers that reflect an address within the Borough of East Rutherford:
 - A. Valid New Jersey driver's license or County or State ID reflecting an East Rutherford address.
 - B. Valid NJ Motor Vehicle Commission registration for the vehicle.
 - C. Valid insurance card for the vehicle.
 - D. Current utility or telephone or tax bill with the resident's name reflecting an East Rutherford address.
3. Applications must be brought to Police Headquarters along with PHOTOCOPIES of all the required documentation. **Unfortunately, we cannot make the photocopies for you.**

You will be contacted when your permit is ready to be picked up. There is no fee involved for the initial parking tag however the first replacement tag will include a five-dollar charge and each additional replacement tag thereafter will include a ten-dollar charge as per Borough Ordinance 285-26G. If you have any questions concerning the residential parking program, you can contact the East Rutherford Police Department Traffic Safety Bureau by email at erpdttraffic@eastrutherfordnj.net or check the Borough website www.eastrutherfordnj.net. Chapter 285 of the Borough Ordinances detail parking regulations withing the borough.

Thank you and drive safely.
Lt. Stan Rymarz



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RESIDENTIAL PARKING PERMIT APPLICATION

TEMPORARY_____ RESIDENT_____ VISITOR_____ BUSINESS_____
NAME_____ STREET_____
TOWN_____ STATE_____ ZIP_____
TELEPHONE_____ CELL_____ EMAIL ADDRESS_____
DRIVER'S LICENSE NUMBER/STATE_____

PROPERTY/BUSINESS OWNER NAME_____
STREET_____ TOWN_____ STATE_____ ZIP_____
TELEPHONE_____ CELL_____

TYPE OF RESIDENCE

ONE FAMILY___ TWO FAMILY___ MULTI FAMILY___ APT. BUILDING___ BUSINESS___

OFF STREET PARKING: YES NO NUMBER OF VEHICLES_____

VEHICLE: MAKE_____ MODEL_____ COLOR_____ PLATE#/STATE_____

VIN_____

SIGNATURE_____ DATE_____

POLICE USE ONLY

VALID DL_____ REG_____ INSURANCE_____ PROOF OF RESIDENCY_____

PERMIT #_____ VISITOR #_____ BUSINESS #_____

EXPIRATION DATE_____ REPLACEMENT: YES NO FEE: YES NO

ISSUING OFFICER_____ DATE_____

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED