



# BAYONNE POLICE DEPARTMENT

## Emergency No-Parking Signs Request for Signs

Your Name and Telephone # \_\_\_\_\_

Name of Company and CRN or City Agency \_\_\_\_\_

Location \_\_\_\_\_

Day / Date from \_\_\_\_\_ Day / Date to \_\_\_\_\_

Time from \_\_\_\_\_ Time to \_\_\_\_\_

Number of signs requested \_\_\_\_\_ Police Permit #, if applicable \_\_\_\_\_

Reason \_\_\_\_\_

Signature of requesting person X \_\_\_\_\_

***All signs must be completely and fully removed at the conclusion of the event. Failure to remove your expired sign may result in a summons being issued to you, for each sign.***

### ***FOR OFFICE USE ONLY- DO NOT WRITE BELOW THIS LINE***

Date / time this request is received \_\_\_\_\_

# Signs Issued \_\_\_\_\_ X # Days Requested \_\_\_\_\_ = Total Fee Due \$ \_\_\_\_\_

Serial Numbers of signs issued \_\_\_\_\_ Check / MO # \_\_\_\_\_

Is this fee to be billed? YES NO Date payment was received \_\_\_\_\_

Are these signs exempt from the fee (City agency or contractor)? YES NO

Is this fee to be waived? YES NO

If yes, person authorizing waiver. Print and Sign \_\_\_\_\_

Person completing this form: Print and Sign \_\_\_\_\_