

PRINCETON PARKING OPERATIONS
24 SPRING STREET
PRINCETON, NEW JERSEY 08542
PHONE (609) 497-7659 / FAX (609) 497-3496
princetonparking@princetonnj.gov

SPRING STREET GARAGE
PERMIT RENEWAL FORM

LAST NAME	FIRST NAME	MI
ADDRESS	CITY	STATE ZIP
HOME PHONE	WORK PHONE	
VEHICLE YEAR	MAKE/MODEL	COLOR PLATE# STATE

AGREEMENT: You promise that everything you have stated in this application is correct to the best of your knowledge. If there are any changes to the above information, you will notify the Princeton Parking Operations immediately in writing. You understand Princeton will rely on this information to make its decision in granting this application. You agree to a prepaid monthly fee of \$180.00 for a period of _____ months totaling \$ _____ paid to Princeton by individual or an Agent/Business Employer on behalf of employee.

Either you or Princeton may terminate this agreement at any time but termination will not effect you or your agent's obligation to pay any charges owed to Princeton. You are responsible for the transactions made to your parking account. The proximity card that you will receive entitles you to park and lock one vehicle in the garage solely at your own risk. Princeton does not guard or assume care for fire, theft, damage or loss. The proximity card remains the property of Princeton and must be surrendered when at the end of your permit's termination date. Statements and notices will be made available to you upon written request to Princeton, Office of the Clerk, 400 Witherspoon Street, Princeton, New Jersey 08540. No employee may waive any of these terms.

By signing below you and your Agent agree to the terms set forth in this Agreement.

Signature _____ Date _____
Are you the Applicant Business Owner/Agent

Parking Operations Only

Access Group	_____	Card #	_____
Access Type	_____		
Parking Level	_____		
Date	_____		
Paid Through	_____		