



# BOROUGH OF ETNA PARKING PERMIT APPLICATION

2019 - 2020  
4/1/2019 – 3/31/2020

CHECK WHAT YOU ARE APPLYING FOR:	<input type="checkbox"/> Resident On-Street Parking Permit \$20/Year <input type="checkbox"/> Visitor Permit (7 uses per month) \$10/Per Pass <input type="checkbox"/> Care Giver \$20/Year <input type="checkbox"/> Company Vehicle \$20/Year <p style="text-align: center;"><b>Add \$1.50 for applications completed via US Mail</b></p>	Date of Application  _____
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**ALL APPLICANTS ARE REQUIRED TO PRESENT TWO PROOFS OF RESIDENCY (TAX RECEIPTS, UTILITY BILL, PROPERTY CLOSING STATEMENT, DRIVER'S LICENSE, BANK STATEMENT, LEASE, VEHICLE REGISTRATION, OR DEED), CURRENT REGISTRATION, AND VALID INSURANCE FOR EACH VEHICLE BEING REGISTERED. SUBMIT APPLICATION WITH CHECK OR MONEY ORDER PAYABLE TO ETNA BOROUGH, 437 BUTLER STREET, PGH., PA 15223.**

**\*\*\*CASH, CHECKS & MONEY ORDERS WILL ONLY BE ACCEPTED IN PERSON AT THE BOROUGH BUILDING\*\*\***

### APPLICATION INFORMATION

NAME \_\_\_\_\_ OPERATOR'S LICENSE NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_ APT/FLOOR \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ LOT/BLOCK NO. \_\_\_\_\_

GARAGE  YES  NO

### VEHICLE INFORMATION

LICENSE PLATE / STATE # \_\_\_\_\_ YEAR \_\_\_\_\_

MAKE/MODEL \_\_\_\_\_ COLOR \_\_\_\_\_

### CARE GIVER INFORMATION

CARE GIVER'S NAME \_\_\_\_\_ COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_ APT/FLOOR \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ LETTER OF NEED ATTACHED

DO YOU HAVE ANY OTHER PARKING PERMIT ISSUED TO THIS ADDRESS  YES  NO

**IF THE ABOVE VEHICLE/REGISTRATION IS CHANGED AFTER THE PERMIT IS ISSUED, IT IS THE VEHICLE OWNER'S RESPONSIBILITY TO NOTIFY THE BOROUGH AT 412-781-0569.**

**I swear that the information is true to the best of my knowledge.**

\_\_\_\_\_  
Signature of Applicant

POLICE VERIFICATION – OFFICIAL USE ONLY		
TOTAL PAID _____	PROCESSED BY _____	PERMIT NO. _____
RESIDENCY VERIFIED _____	VEH REG EXP _____	PROOF OF TAX PAYMENT _____
INSURANCE COMPANY – POLICY NO. _____		EXP. _____