



Borough of Phoenixville Parking Department

351 Bridge Street
Phoenixville, PA 19460
610-933-8801 ext. 0
parking@phoenixville.org

Residential & Employee Parking Permit Application

Lots # 1, 3 & 4 ONLY

Please Print Clearly and Complete All Relevant Areas

Please Check Box and Fill out the Appropriate Sections

☐ Lot Parking Residential Permit (Section 1 & 2)

☐ Lot Parking Employee Permit (Section 1, 2 & 3)

1. Personal Information

Name: _____ Date: _____

Applicants Home Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Email: _____ @ _____

2. Vehicle Information

PA License Plate # _____ Year: _____ Make/Model: _____ Color: _____ Permit # _____

PA License Plate # _____ Year: _____ Make/Model: _____ Color: _____ Permit # _____

3. Employment Information

Employer's Name: _____ Employer's Address: _____

Employer's Phone Number: _____

Park at your own risk.

The Borough of Phoenixville is not responsible for damage or theft to vehicles or vehicles' content.

I declare the information on the application is true and correct.

I also acknowledge failure to properly display these permits may result in the issuance of a valid citation.

I declare that I have read and understand the statements above.

Applicant's Signature _____ Date _____

Office Use Only

Proof of Residency/Employment (Required Vehicle Registration, Driver's License & one other proof of residency/employment)

Vehicle Registration: _____
(Vin # and Exp)

Drivers License: _____ State: _____
(Number, State, Exp.)

Lease/ Rental Proof: _____
(Landlords name)

Utility Bill Type: _____
(Name of Provider)

Financial Statement: _____
(Type of Statement)

Employment Proof: _____
(Ex. pay stub)

Office Comments
