## TOWN OF SECAUCUS

Municipal Government Center 1203 Paterson Plank Road Secaucus, New Jersey 07094 201-330-2000



## **Vacation Parking Permit Application**

Name of Registered O	wner:		
Address:			
	Email:		
Dates Permit Requeste	d:		
Vehicle Data:			
Make:	Model:	Year:	-
Registration No.:		State:	
Emergency Contact 1:			
Phone No.:			
Emanage Contact 0.			

- 1. I have reviewed the attached information sheet in its entirety and understand the policies of the vacation parking permit program and agree to abide by such.
- 2. Personal Property: I understand the Town of Secaucus, any of its Departments and its officers, employees, agents, representatives, volunteers, and assigns will not be liable for damage, theft, loss, weather or nature related damages or other issues with the vehicle, personal belongings, valuables or electronic devices brought to or left at the location. I understand that parking my vehicle at this location is at my own risk.
- 3. **RELEASE OF LIABILITY:** I hereby release, indemnify and hold harmless the Town of Secaucus, any of its Departments and its officers, employees, agents, representatives, officials, supervisors and assigns harmless and indemnify them from and against any liability, claims, judgments or expenses that may arise out of or from taking part in this parking program and parking at this location, including but not limited to, injury, accidents, loss of property, death, disability, paralysis, sickness or exposure to other illnesses, whether or not

such is caused by negligence of the Town of Secaucus, any of its Departments and its officers, employees, agents, representatives, officials, supervisors and assigns.

I acknowledge that I have reviewed the above fully and completely, and I am agreeing to the terms of this permit.

Signat	ture:					
Print 1	Name:					
Date:						
INTERNAL USE ONLY: DO NOT WRITE BELOW THIS LINE						
	Application Received:	Permit Dates:	Placard No.:	Reviewed and Approved		
				By:		
				***************************************		
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	Notes:					
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