

Beachfront Parking 2020/2021

RESIDENTS ONLY

Please fill out and a pass will be mailed to you. One pass per application/vehicle.

YOU MUST PROVIDE A COPY OF YOUR LICENSE AND REGISTRATION

Name: _____

Address: _____

Make: _____

Model: _____

Year: _____

Plate
number: _____

email copy of License and Registration to:
jsampson@unionbeachnj.gov
and a parking sticker will be mailed to you or mail a
copy of your License and Registration to:
650 Poole Avenue
Union Beach, NJ 07735
Attn: Parking Stickers