

**CITY OF SUMMIT  
PARKING SERVICES AGENCY  
(908)-522-5100**

**DAILY VISITOR PARKING PASSES ORDER FORM**

**The Daily Visitor Parking Permit is valid for ONE day of use only, between the hours of 6:00 AM and 6:00 PM. A complete date must be revealed for the permit to be valid. If more than one date or no date is revealed, the permit is invalid. There is no refund available for misused or lost permits.**

**The Daily Visitor Parking Permit is good for use at the following long-term lots:**

**Broad Street Garage**

**Chestnut Avenue Lot**

**Tier Parking Garage (Upper levels)**

**Sampson Lot (Middle School)**

**Maple Street Lot (Behind CVS)**

**Railroad Avenue Lot (Post Office)**

**Elm Street Lot**

**BUSINESS USE CERTIFICATION**

I, THE UNDERSIGNED, CERTIFY THAT I AM PURCHASING THE DAILY VISITOR PARKING PERMITS FOR USE BY EMPLOYEES, CONSULTANTS, OR OTHERS WHO ARE ACTIVELY INVOLVED WITH MY BUSINESS. I WILL NOT SELL, BARTER, GIVE OR ALLOW THE USE OF THESE PERMITS FOR ANY OTHER PURPOSE. I UNDERSTAND THAT THE MISUSE OF THE PERMIT MAY RESULT IN A LOSS OF PARKING PRIVILEGES AND POTENTIAL PROSECUTION.

SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_

COMPANY: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ DATE: \_\_\_\_\_

**PLEASE PROCESS MY ORDER FOR DAILY VISITOR PARKING PERMIT(S) AS FOLLOWS:**

**Number of Single Permits:** \_\_\_\_\_ **X \$6 each= \$** \_\_\_\_\_  
**Number of Permits (multiples of 10)** \_\_\_\_\_ **X \$5 each= \$** \_\_\_\_\_

RETURN ORDER REQUEST FORM WITH CHECK MADE PAYABLE TO:  
**CITY OF SUMMIT**

C/O Parking Services Agency  
512 Springfield Avenue  
Summit, NJ 07901

**OFFICE USE ONLY**

DAILY PERMITS ISSUED:

PERMIT No. \_\_\_\_\_ to \_\_\_\_\_, Inclusively

Paid by: \_\_\_\_\_

ISSUED BY: \_\_\_\_\_

Date: \_\_\_\_\_