

CITY OF NEWTON
POLICE DEPARTMENT

NV Permit
Application for 2 Hour RED Parking

Name _____ Registration # _____ State _____
Address _____ Make _____ Color _____
Telephone _____

Rules and Regulations for Resident Parking

1. Motor vehicle must be registered in the Commonwealth and have a gross weight of less than 2 ½ tons.
2. Vehicle must be principally garaged in the City of Newton
3. Vehicle must be owned or used by a resident of the City of Newton
4. Applicants must show proof of residency (current registration)
5. Permit only good for Mon-Sat 8AM to 4PM on school days
6. Resident Parking stickers shall be permanently affixed to the windshield on the lower left corner of the motor vehicle
7. The fee for Resident Parking stickers will be **\$25.00 per vehicle**. The fee for replacement stickers will be \$5.00
8. Two (2) Visitor Parking placards may be issued per dwelling unit and are transferable between vehicles. Placards assigned may be used only for **visitors to the issued dwellings. Lost placards will not be replaced.**
9. For a home office of home occupation, Visitor Placards increase by one (1)
10. Visitor and Temporary Placards will be placed on driver's side of from windshield and must be completely readable
11. *Resident stickers **do not allow** overnight parking between November 15 and April 15
12. *Parking restrictions do not apply on legal holidays, Sundays from 6AM to 2PM, on Saturdays or at religious services at a house of worship or during municipal, public or community school events
13. *All stickers and placards must be properly affixed
14. ***All stickers and placards will be void during snow emergencies**
15. *All parking fines for the vehicle must be paid before issuance
16. *All stickers and placards will expire on December 31, of each year
17. *All stickers and placards are only effective on the street assigned

Signature of Applicant _____ Sticker Permit # _____
Street Location _____ Placard #'s _____
Date Issued _____ Expiration Date: **December 31,** _____
Issuing Officer _____

Form of Payment: _____ **Check Number:** _____