

TOWNSHIP OF WEEHAWKEN

APPLICATION FOR RESTRICTED PARKING ZONE FOR HANDICAPPED PERSON

For the Year Ending December 31, 2024

Name of Handicapped Applicant

MOND Medina

Address of Applicant

87 Highland Terrace

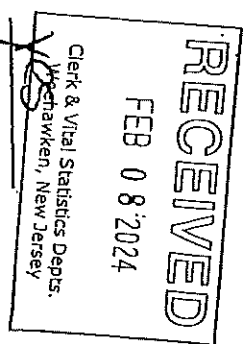
WEEHAWKEN, NJ

Telephone No.

License Plate No.

Make/Model/Year of Vehicle:

1. Does the applicant live in the residence in front of which the restricted parking zone is sought?



2. Is the applicant a tenant or owner of home in front of which the restricted parking zone is sought?

owner

3. Does the applicant hold a valid current New Jersey Driver License? Please attach a photocopy of the license?

yes

4. Does the applicant own the vehicle sought to be parked in the restricted parking zone?

leased

5. Does the applicant operate the vehicle sought to be parked in the restricted parking zone?

yes

6. If the Division of Motor Vehicles has required that the vehicle sought to be parked in the restricted parking zone be equipped with special attachments or devices, is the vehicle so equipped?

N/A

7. Is there a driveway at the residence available for the applicant's use? If the answer to the above question is "Yes," DO NOT FILE THIS APPLICATION.

no

Mon Medina, the Applicant, of full age being duly sworn according to law, upon his/her oath, deposes and says that all of the above information is absolutely true and correct in every detail.

MON Medina
Signature of Applicant

GLORIA ALVAREZ

NOTARY PUBLIC OF NEW JERSEY

ID # 50208509

My Commission Expires March 27, 2028

Sworn to and Subscribed before me this
2 day of February, 2024

Gloria Alvarez
Notary

PLEASE NOTE: This application must be accompanied by an affidavit from your physician in the form supplied by the Township Clerk [copy of which is attached hereto]. The completed application must be approved by passage of Ordinance by the Township Council before a Restricted Parking Zone may be designated.

The Township reserves the right to have an applicant's handicap verified by the Township's physician; and at the Township's discretion, the applicant may be interviewed by the Handicapped Parking Committee. The Township also reserves the right to deny the designation of a restricted parking zone based on this affidavit, that of the applicant's physician, or the report of the Township's physician.

COPIES OF THE FOLLOWING MUST BE ATTACHED TO THIS APPLICATION:

1. Special Vehicle handicap identification issued by the NJ Division of Motor Vehicles;
2. Driver License;
3. Vehicle Registration.

*ON APPROVAL ONLY, YOU WILL BE NOTIFIED.

*SERÁ NOTIFICADO SOLAMENTE, SI ES APROBADO.

TOWNSHIP OF WEEHAWKEN

APPLICATION FOR RESTRICTED PARKING ZONE FOR HANDICAPPED PERSON

For the Year Ending December 31, 20__

Name of Handicapped Applicant: _____

Guarky K. Mateo

Address of Applicant: _____

3216 Pleasant Avenue

WEEHAWKEN, NJ

Telephone No: _____

License Plate No: _____

Make/Model/Year of Vehicle: _____

Clerk & Vital Statistics Depts.
Weehawken, New Jersey

RECEIVED

FEB 12 2024

1. Does the applicant live in the residence in front of which the restricted parking zone is sought? _____

Yes

2. Is the applicant a tenant or owner of home in front of which the restricted parking zone is sought? _____

Yes

3. Does the applicant hold a valid current New Jersey Driver License? Please attach a photocopy of the license? _____

NO

4. Does the applicant own the vehicle sought to be parked in the restricted parking zone? _____

Yes

5. Does the applicant operate the vehicle sought to be parked in the restricted parking zone? _____

NO

6. If the Division of Motor Vehicles has required that the vehicle sought to be parked in the restricted parking zone be equipped with special attachments or devices, is the vehicle so equipped? _____

NO

7. Is there a driveway at the residence available for the applicant's use? If the answer to the above question is "Yes," DO NOT FILE THIS APPLICATION. _____

No

Guarky K. Mateo Applicant, of full age being duly sworn according to law, upon his/her oath deposes and says that all of the above information is absolutely true and correct in every detail.

Guarky Mateo
Signature of Applicant

Sworn to and Subscribed before me this
07 day of February 2024

John Kutach

Notary

PLEASE NOTE: This application must be accompanied by an affidavit from your physician in the form supplied by the Township Clerk [copy of which is attached herein]. The completed application must be approved by passage of Ordinance by the Township Council before a Restricted Parking Zone may be designated.

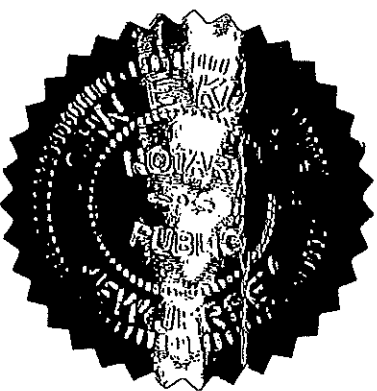
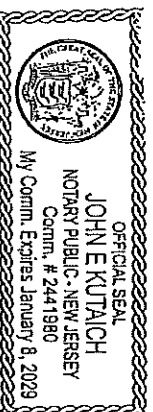
The Township reserves the right to have an applicant's handicap verified by the Township's physician, and at the Township's discretion, the applicant may be interviewed by the Handicapped Parking Committee. The Township also reserves the right to deny the designation of a restricted parking zone based on this affidavit, that of the applicant's physician, or the report of the Township's physician.

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*SERA NOTIFICADO SOLAMENTE, SI ES APROBADO.



TOWNSHIP OF WEEHAWKEN

APPLICATION FOR RESTRICTED PARKING ZONE FOR HANDICAPPED PERSON

For the Year Ending December 31, 20
Name of Handicapped Applicant Ruth I. Baez
Address of Applicant 603 Gregory Ave
Telephone No. [REDACTED] WEEHAWKEN, NJ
Make/Model/Year of Vehicle: [REDACTED]
License Plate No: [REDACTED]

See 2-12-24
YA
2/12/24

1. Does the applicant live in the residence in front of which the restricted parking zone is sought? yes
2. Is the applicant a tenant or owner of home in front of which the restricted parking zone is sought? tenant
3. Does the applicant hold a valid current New Jersey Driver License? Please attach a photocopy of the license? yes
4. Does the applicant own the vehicle sought to be parked in the restricted parking zone? yes
5. Does the applicant operate the vehicle sought to be parked in the restricted parking zone? yes
6. If the Division of Motor Vehicles has required that the vehicle sought to be parked in the restricted parking zone be equipped with special attachments or devices, is the vehicle so equipped? N/A
7. Is there a driveway at the residence available for the applicant's use? If the answer to the above question is "Yes," DO NOT FILL THIS APPLICATION. No

Ruth I. Baez the Applicant, of full age being duly sworn according to law, upon his/her oath deposes and says that all of the above information is absolutely true and correct in every detail.

[Signature]
Signature of Applicant

Sworn to and Subscribed before me this
30th day of Nov 2024
[Signature]
Notary

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1. Special Vehicle handicap identification issued by the NJ Division of Motor Vehicles;
2. Driver License;
3. Vehicle Registration.

*ON APPROVAL ONLY YOU WILL BE NOTIFIED.

*SERA NOTIFICADO SOLAMENTE, SI ES APROBADO.

MARIA D UMBRIA JUAREZ ID#2401611
NOTARY PUBLIC
STATE OF NEW JERSEY
MY COMMISSION EXPIRES OCTOBER 22, 2025

TOWNSHIP OF WEEHAWKEN

APPLICATION FOR RESTRICTED PARKING ZONE FOR HANDICAPPED PERSON

For the Year Ending December 31, 20

Name of Handicapped Applicant:

Address of Applicant

Telephone No:

License Plate No:

Make/Model/Year of Vehicle

Clerk & Vital Statistics Depts.
Weehawken, New Jersey

MAR 28 2024

RECEIVED

1. Does the applicant live in the residence in front of which the restricted parking zone is sought?

YES

2. Is the applicant a tenant or owner of home in front of which the restricted parking zone is sought?

YES

3. Does the applicant hold a valid current New Jersey Driver License? Please attach a photocopy of the license?

YES

4. Does the applicant own the vehicle sought to be parked in the restricted parking zone?

YES

5. Does the applicant operate the vehicle sought to be parked in the restricted parking zone?

YES

6. If the Division of Motor Vehicles has required that the vehicle sought to be parked in the restricted parking zone be equipped with special attachments or devices, is the vehicle so equipped?

NO

7. Is there a driveway at the residence available for the applicant's use? If the answer to the above question is "Yes," DO NOT FILE THIS APPLICATION.

NO

The Applicant, of full age being duly sworn according to law, upon his/her oath deposes and says that all of the above information is absolutely true and correct in every detail.

Signature of Applicant

Sworn to and Subscribed before me this day of 20

Notary

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*SERA NOTIFICADO SOLAMENTE, SI ES APROBADO.

TOWNSHIP OF WEEHAWKEN

APPLICATION FOR RESTRICTED PARKING ZONE FOR HANDICAPPED PERSON

For the Year Ending December 31, 20__

Name of Handicapped Applicant

Address of Applicant

Telephone No.

Make/Model/Year of Vehicle

WEEHAWKEN, NJ

Use Plate No.

1. Does the applicant live in the residence in front of which the restricted parking zone is sought?

2. Is the applicant a tenant or owner of home in front of which the restricted parking zone is sought?

3. Does the applicant hold a valid current New Jersey Driver License? Please attach a photocopy of the license?

4. Does the applicant own the vehicle sought to be parked in the restricted parking zone?

5. Does the applicant operate the vehicle sought to be parked in the restricted parking zone?

6. If the Division of Motor Vehicles has required that the vehicle sought to be parked in the restricted parking zone be equipped with special attachments or devices, is the vehicle so equipped?

7. Is there a driveway at the residence available for the applicant's use? If the answer to the above question is "Yes," DO NOT FILL THIS APPLICATION.

Ledy Valencia, the Applicant, of full age being duly sworn according to law, upon this oath deposes and says that all of the above information is absolutely true and correct in every detail.

Signature of Applicant

Sworn to and Subscribed before me this

day of 20__

Notary

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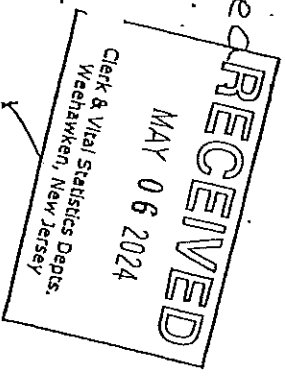
The Township reserves the right to have an applicant's handicap verified by the Township's physician and at the Township's discretion, the applicant may be interviewed by the Handicapped Parking Committee. The Township also reserves the right to deny the designation of a restricted parking zone based on this affidavit, that of the applicant's physician, or the report of the Township's physician.

COPIES OF THE FOLLOWING MUST BE ATTACHED TO THIS APPLICATION:

1. Special Vehicle handicap Identification issued by the NJ Division of Motor Vehicles;
2. Driver License;
3. Vehicle Registration.

*ON APPROVAL ONLY, YOU WILL BE NOTIFIED

*SERA NOTIFICADO SOLAMENTE SI ES APROBADO.



10 TOWNSHIP OF WILLEMING

APPLICATION FOR RESTRICTED PARKING ZONE FOR HANDICAPPED PERSON

3/30/24
WE

of the year ending December 31, 20

Name of Disabled Applicant

Dean Dele

Address of Applicant

400 Park Ave. Westport, NJ 07093

Telephone No.

Vehicle

License Plate No.

Does the applicant live in the residence which is the location of the restricted parking zone sought?

Yes

Does the applicant own or have access to a vehicle which is the vehicle for which the restricted parking zone is sought?

Yes

Does the applicant hold a valid driver's license?

Yes

Does the applicant own the vehicle sought to be parked in the restricted parking zone?

Yes

Does the applicant operate the vehicle sought to be parked in the restricted parking zone?

Yes

Does the Division of Motor Vehicles list the vehicle sought to be parked in the restricted parking zone as equipped with special equipment?

Yes

Does the applicant have a valid residence available to the applicant?

Yes

Does the applicant have a valid driver's license?

Yes

Does the applicant own the vehicle sought to be parked in the restricted parking zone?

Yes

Does the applicant operate the vehicle sought to be parked in the restricted parking zone?

Yes

Does the applicant own the vehicle sought to be parked in the restricted parking zone?

Yes

Does the applicant operate the vehicle sought to be parked in the restricted parking zone?

Yes

Does the applicant own the vehicle sought to be parked in the restricted parking zone?

Yes

Does the applicant operate the vehicle sought to be parked in the restricted parking zone?

Yes

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Yes

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Yes

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Yes

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Yes

Does the applicant operate the vehicle sought to be parked in the restricted parking zone?

Yes

Does the applicant own the vehicle sought to be parked in the restricted parking zone?

Yes

Does the applicant operate the vehicle sought to be parked in the restricted parking zone?

Yes

TOWNSHIP OF WEHAWKEN

APPLICATION FOR RESTRICTED PARKING ZONE FOR HANDICAPPED PERSON

For the Year Ending December 31, 2024

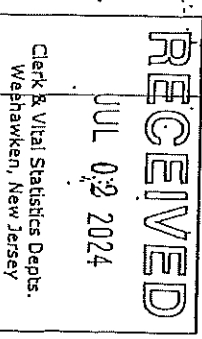
Name of Handicapped Applicant Yasir Raza Tejady

Address of Applicant 45 71st St. Weehawken, NJ 07086

WEHAWKEN, NJ

Telephone No: [REDACTED] License Plate No: [REDACTED]

Make/Model Year of Vehicle [REDACTED]



1. Does the applicant live in the residence in front of which the restricted parking zone is sought? Yes
2. Is the applicant a tenant or owner of home in front of which the restricted parking zone is sought? Yes
3. Does the applicant hold a valid current New Jersey Driver License? Please attach a photocopy of the license? Yes
4. Does the applicant own the vehicle sought to be parked in the restricted parking zone? No
5. Does the applicant operate the vehicle sought to be parked in the restricted parking zone? Yes
6. If the Division of Motor Vehicles has required that the vehicle sought to be parked in the restricted parking zone be equipped with special attachments or devices, is the vehicle so equipped? No
7. Is there a driveway at the residence available for the applicant's use? If the answer to the above question is "Yes," DO NOT FILL THIS APPLICATION No

Nomileth J. Blakes-Jekel, the Applicant, of full age being duly sworn according to law, upon his/her oath deposes and says that all of the above information is absolutely true and correct in every detail.

[Signature]
Signature of Applicant

Sworn to and Subscribed before me this 20 day of July, 2024

Notary

PLEASE NOTE: This application must be accompanied by an affidavit from your physician in the form supplied by the Township Clerk [copy of which is attached hereto]. The completed application must be approved by passage of Ordinance by the Township Council before a Restricted Parking Zone may be designated.

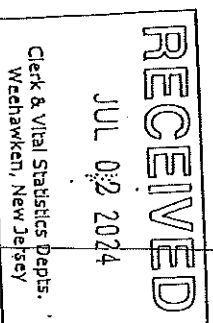
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COPIES OF THE FOLLOWING MUST BE ATTACHED TO THIS APPLICATION:

1. Special Vehicle handicap identification issued by the NJ Division of Motor Vehicles;
2. Driver License;
3. Vehicle Registration.

***ON APPROVAL ONLY, YOU WILL BE NOTIFIED.**

***SERA NOTIFICADO SOLAMENTE, SI ES APROBADO.**



TOWNSHIP OF WEEHAWKEN

APPLICATION FOR RESTRICTED PARKING ZONE FOR HANDICAPPED PERSON

For the Year Ending December 31, 20__

Name of Handicapped Applicant: Kelyn Y. Funes Mejia

Address of Applicant: 3344 Park Ave

WEEHAWKEN, NJ

Telephone No: 1

License Plate No: [REDACTED]

Make/Model/Year of Vehicle: [REDACTED]

RECEIVED

JUL - 9 2024

Clerk & Vital Statistics Dept.,
Weehawken, New Jersey

1. Does the applicant live in the residence in front of which the restricted parking zone is sought? Yes
2. Is the applicant a tenant or owner of home in front of which the restricted parking zone is sought? Yes
3. Does the applicant hold a valid current New Jersey Driver License? Please attach a photocopy of the license? Yes
4. Does the applicant own the vehicle sought to be parked in the restricted parking zone? Yes
5. Does the applicant operate the vehicle sought to be parked in the restricted parking zone? Yes
6. If the Division of Motor Vehicles has required that the vehicle sought to be parked in the restricted parking zone be equipped with special attachments or devices, is the vehicle so equipped? No
7. Is there a driveway at the residence available for the applicant's use? If the answer to the above question is "Yes," DO NOT FILL THIS APPLICATION. No

Kelyn Y. Funes Mejia, the Applicant, of full age being duly sworn according to law, upon his/her oath deposed and says that all of the above information is absolutely true and correct in every detail.

[Signature]
Signature of Applicant

Sworn to and Subscribed before me this
9 day of July 2024

Davida Velazquez
Notary

PLEASE NOTE: This application must be accompanied by an affidavit from your physician in the form supplied by the Township Clerk [copy of which is attached hereto]. The completed application must be approved by passage of Ordinance by the Township Council before a Restricted Parking Zone may be designated.

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COPIES OF THE FOLLOWING MUST BE ATTACHED TO THIS APPLICATION:

1. Special Vehicle Handicap Identification issued by the NJ Division of Motor Vehicles;
2. Driver License;
3. Vehicle Registration.

*ON APPROVAL ONLY, YOU WILL BE NOTIFIED.

SAVEKA VELAZQUEZ, STAFF APPROVED.

Optum
Internal Medicine

4201 New York Avenue
Union City, NJ 07087

201-766-6568 F 201-766-6572

SAVEKA VELAZQUEZ

Commission # 50105659

Notary Public, State of New Jersey

My Commission Expires

May 23, 2029

TOWNSHIP OF WEEHAWKEN

APPLICATION FOR RESTRICTED PARKING ZONE FOR HANDICAPPED PERSON

For the Year Ending December 31, 20__

Name of Handicapped Applicant: Ellen A. Schwartz

Address of Applicant: 425 Gregory Ave Weehawken, NJ 07086

Telephone No. [REDACTED] License Plate No. [REDACTED]
Make/Model/Year of Vehicle: [REDACTED]

RECEIVED
OCT 4 2024
Clerk & Vital Statistics Depts.
Weehawken, New Jersey

1. Does the applicant live in the residence in front of which the restricted parking zone is sought? Yes
2. Is the applicant a tenant or owner of home in front of which the restricted parking zone is sought? tenant
3. Does the applicant hold a valid current New Jersey Driver License? Please attach a photocopy of the license? Yes
4. Does the applicant own the vehicle sought to be parked in the restricted parking zone? Yes
5. Does the applicant operate the vehicle sought to be parked in the restricted parking zone? Yes
6. If the Division of Motor Vehicles has required that the vehicle sought to be parked in the restricted parking zone be equipped with special attachments or devices, is the vehicle so equipped? NO
7. Is there a driveway at the residence available for the applicant's use? If the answer to the above question is "Yes," DO NOT FILE THIS APPLICATION. NO

Ellen Adela Schwartz the Applicant, of full age being duly sworn according to law, upon his/her oath deposes and says that all of the above information is absolutely true and correct in every detail.

Signature of Applicant

Sworn to and Subscribed before me this
4th day of October 2024.

Julissa Borrero
Notary

JULISSA BORRERO
Notary Public, State of New Jersey
Comm. # 50223932
My Commission Expires 7/18/2029

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*SERA NOTIFICADO SOLAMENTE, SI ES APROBADO.

TOWNSHIP OF WEEHAWKEN

APPLICATION FOR RESTRICTED PARKING ZONE FOR HANDICAPPED PERSON

Rec 10/24/24

For the Year Ending December 31, 2024

Name of Handicapped Applicant: Wael M. Elawaly

Address of Applicant: 95 Highland Terrace Wheaton NJ 07080

WEEHAWKEN, NJ

Telephone N° [REDACTED]

License Plate N° [REDACTED]

Make/Model/Year of Vehicle: [REDACTED]

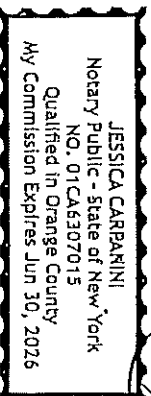
1. Does the applicant live in the residence in front of which the restricted parking zone is sought? YES
2. Is the applicant a tenant or owner of home in front of which the restricted parking zone is sought? YES
3. Does the applicant hold a valid current New Jersey Driver License? Please attach a photocopy of the license? NO
4. Does the applicant own the vehicle sought to be parked in the restricted parking zone? NO, belongs to spouse. (attach)
5. Does the applicant operate the vehicle sought to be parked in the restricted parking zone? NO
6. If the Division of Motor Vehicles has required that the vehicle sought to be parked in the restricted parking zone be equipped with special attachments or devices, is the vehicle so equipped? NO
7. Is there a driveway at the residence available for the applicant's use? If the answer to the above question is "Yes," DO NOT FILL THIS APPLICATION. NO

Wael Elawaly the Applicant, of full age being duly sworn according to law, upon his/her oath deposes and says that all of the above information is absolutely true and correct in every detail.

Signature of Applicant

Sworn to and Subscribed before me this 4 day of October 2024

[Signature]
Notary



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*SERA NOTIFICADO SOLAMENTE, SI ES APROBADO.

TOWNSHIP OF WEEHAWKEN

APPLICATION FOR RESTRICTED PARKING ZONE FOR HANDICAPPED PERSON

For the Year Ending December 31, 2024

Name of Handicapped Applicant Sarah Wilkins

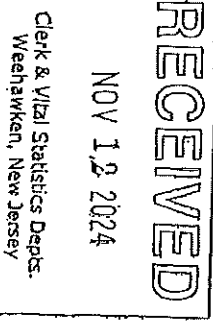
Address of Applicant 83 Fulton St, Weehawken, NJ

WEEHAWKEN, NJ

Telephone No. [REDACTED]

License Plate No. [REDACTED]

Make/Model/Year of Vehicle: [REDACTED]



1. Does the applicant live in the residence in front of which the restricted parking zone is sought? yes
2. Is the applicant a tenant or owner of home in front of which the restricted parking zone is sought? tenant
3. Does the applicant hold a valid current New Jersey Driver License? Please attach a photocopy of the license? yes
4. Does the applicant own the vehicle sought to be parked in the restricted parking zone? yes
5. Does the applicant operate the vehicle sought to be parked in the restricted parking zone? yes
6. If the Division of Motor Vehicles has required that the vehicle sought to be parked in the restricted parking zone be equipped with special attachments or devices, is the vehicle so equipped? N/A
7. Is there a driveway at the residence available for the applicant's use? If the answer to the above question is "Yes," DO NOT FILE THIS APPLICATION. NO

Sarah Wilkins, the Applicant, of full age being duly sworn according to law, upon his/her oath deposes and says that all of the above information is absolutely true and correct in every detail.

Signature of Applicant

GLORIA S. LEON

Notary Public - State of New Jersey

ID NO: 2394631

Commission Expires: 03/30/2025

Notary



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*SERA NOTIFICADO SOLAMENTE, SI ES APROBADO.

TOWNSHIP OF WEEHAWKEN

APPLICATION FOR RESTRICTED PARKING ZONE FOR HANDICAPPED PERSONS

For the Year Ending December 31, 2024

Name of Handicapped Applicant: Jennifer Cardenas

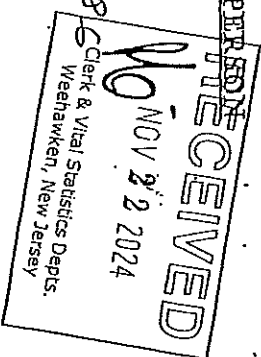
Address of Applicant: 10-12 48th Street Weehawken, NJ 07078

WEEHAWKEN, NJ

Telephone No: [REDACTED]

License Plate No: [REDACTED]

Make/Model/Year of Vehicle: [REDACTED]



1. Does the applicant live in the residence in front of which the restricted parking zone is sought? Yes
2. Is the applicant a tenant or owner of home in front of which the restricted parking zone is sought? Yes
3. Does the applicant hold a valid current New Jersey Driver License? Please attach a photocopy of the license? Yes
4. Does the applicant own the vehicle sought to be parked in the restricted parking zone? Yes
5. Does the applicant operate the vehicle sought to be parked in the restricted parking zone? Yes
6. If the Division of Motor Vehicles has required that the vehicle sought to be parked in the restricted parking zone be equipped with special attachments or devices, is the vehicle so equipped? Yes
7. Is there a driveway at the residence available for the applicant's use? If the answer to the above question is "Yes," DO NOT FILL THIS APPLICATION. No

Jennifer Cardenas the Applicant, of full age being duly sworn according to law, upon his/her oath deposes and says that all of the above information is absolutely true and correct in every detail.

Signature of Applicant

Sworn to and Subscribed before me this

22 day of November 2024

Brigitte Castro
Notary

PLEASE NOTE: This application must be accompanied by an affidavit from your physician in the form supplied by the Township Clerk [copy of which is attached hereto]. The completed application must be approved by passage of Ordinances by the Township Council before a Restricted Parking Zone may be designated.

The Township reserves the right to have an applicant's handicap verified by the Township's physician; and at the Township's discretion, the applicant may be interviewed by the Handicapped Parking Committee. The Township also reserves the right to deny the designation of a restricted parking zone based on this affidavit, that of the applicant's physician, or the report of the Township's physician.

COPIES OF THE FOLLOWING MUST BE ATTACHED TO THIS APPLICATION:

1. Special Vehicle handicap identification issued by the NJ Division of Motor Vehicles;
2. Driver License;
3. Vehicle Registration.

*ON APPROVAL ONLY, YOU WILL BE NOTIFIED.

Brigitte V. Castro Gomez

*SERA NOTIFICADO SOLAMENTE, SI ES APROBADO.

Notary Public

State Of New Jersey

My Commission Expires, May 25 2027

No. 50061319



TOWNSHIP OF WEEHAWKEN

12/30/24

APPLICATION FOR RESTRICTED PARKING ZONE FOR HANDICAPPED PERSON

For the Year Ending December 31, 20__

Name of Handicapped Applicant: Dasgupta Cirillo

Address of Applicant: 101 Shippen Street

WEEHAWKEN, NJ

Woodharken, N.J. 07086

Telephone No: [REDACTED]

License Plate No: [REDACTED]

Make/Model/Year of Vehicle: [REDACTED]

1. Does the applicant live in the residence in front of which the restricted parking zone is sought? Yes

2. Is the applicant a tenant or owner of home in front of which the restricted parking zone is sought? Owner

3. Does the applicant hold a valid current New Jersey Driver License? Please attach a photocopy of the license? No

4. Does the applicant own the vehicle sought to be parked in the restricted parking zone? No

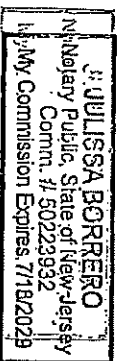
5. Does the applicant operate the vehicle sought to be parked in the restricted parking zone? No

6. If the Division of Motor Vehicles has required that the vehicle sought to be parked in the restricted parking zone be equipped with special attachments or devices, is the vehicle so equipped? No

7. Is there a driveway at the residence available for the applicant's use? If the answer to the above question is "Yes," DO NOT FILL THIS APPLICATION.

Dasgupta Cirillo the Applicant, of full age being duly sworn according to law, upon his/her oath deposes and says that all of the above information is absolutely true and correct in every detail.

Dasgupta Cirillo
Signature of Applicant



Notary

PLEASE NOTE: This application must be accompanied by an affidavit from your physician in the form supplied by the Township Clerk [copy of which is attached herein]. The completed application must be approved by passage of Ordinance by the Township Council before a Restricted Parking Zone may be designated.

The Township reserves the right to have an applicant's handicap verified by the Township's physician; and at the Township's discretion, the applicant may be interviewed by the Handicapped Parking Committee. The Township also reserves the right to deny the designation of a restricted parking zone based on this affidavit, that of the applicant's physician, or the report of the Township's physician.

COPIES OF THE FOLLOWING MUST BE ATTACHED TO THIS APPLICATION:

1. Special Vehicle handicap identification issued by the NJ Division of Motor Vehicles;
2. Driver License;
3. Vehicle Registration.

*ON APPROVAL ONLY YOU WILL BE NOTIFIED.

*SERA NOTIFICADO SOLAMENTE, SI ES APROBADO.

Driver - Larvin C. Ventara