

**TOWNSHIP OF ABERDEEN
BUS PARKING WAITLIST REQUEST**

DATE: _____

NAME: _____

ADDRESS: _____

TELEPHONE #: _____

Applicants are contacted by telephone only and are responsible to keep their telephone numbers updated.

Please add my name to the Township of Aberdeen Bus Parking Permit Waitlist.

- SHOPRITE**
- STRATHMORE**
- BECHSTEIN**

SIGNATURE

FORWARD SIGNED REQUEST TO:

**TOWNSHIP OF ABERDEEN
ATTN: MARGIE INCLE
1 ABERDEEN SQUARE
ABERDEEN, NJ 07747**

FAX # 732 290-3171