

Town of Boonton Police Department

100 Washington Street, Boonton, NJ 07005

Phone: 973-402-9371 Fax: 973-299-6970

Request for Testing of Parking Meter

Please complete and return to the Boonton Police Department or Court Clerk's Office.

Name: _____

Address: _____

Home Phone: _____

Work/Cell Phone: _____

I hereby certify that I parked at meter number _____,
Meter Number and/or Location

on _____,
Day Date

From _____, to _____,
Start Time Parked in space Time vehicle left parking space

I further certify that I placed _____,
Amount of Money Deposited in Meter

For _____ minutes and only _____ minutes were received.
Desired Amount of Time

Please check one:

I did *not* receive a parking summons.

I received a parking summons number _____ for overtime parking and I have entered a plea of Not Guilty with the Boonton Municipal Court. My court hearing is scheduled for _____.
Court date

I request that the above cited meter be tested and a copy of the results be forwarded to me at the above address.

Signature: _____

Date: _____