



CROMWELL POLICE DEPARTMENT

Denise Lamontagne
Chief of Police

OVERNIGHT PARKING WAIVER

An Overnight Parking Waiver is hereby issued to:

Name:

Address:

Telephone:

Waiver Effective:

Waiver Expires:

Vehicle Year/Make/Model:

Registration Plate:

Reason:

Issued By: _____ **Date:** _____

Authorizing Signature