



Town of Mamaroneck

Office of the Town Clerk, Town Center
740 West Boston Post Road, Mamaroneck, NY
10543-3353

Christina Battalia, CMC, RMC
Mamaroneck Town Clerk

TEL: 914/381-7870
FAX: 914/381-7813
cbattalia@townofmamaroneckNY.org

Dear Residential Parking Permit Holder,

Your Residential Parking Permit will expire on September 30, 2018. Below are detailed instructions for how to renew your permit. The permit fee remains at \$25.00. **Please read this letter carefully, as there are new requirements for renewing.**

NEW THIS YEAR: We will only be accepting cash or checks. EVEN IN PERSON CREDIT CARDS WILL NOT BE ACCEPTED. We apologize for this inconvenience, but the credit card acceptance feature designed through our on-line Portal is currently being modified to correct functionality that was problematic during its first phase of permitting earlier in May. We look forward to the second phase of our on-line Portal for next year's residential parking permit renewals.

NEW THIS YEAR: It has been reported to the Town that persons who do not reside in the established Residential Parking Districts are utilizing residential parking permits in order to park in these districts. The intent of the Residential Parking Districts is to allow parking only by those who truly reside in the Residential Parking Districts. Because of this **we have initiated stricter requirements for obtaining a residential parking permit, with the goal of eliminating permits being used by persons who do not reside in the Residential Parking Districts.** These requirements are detailed in an enclosure with this letter. Please also note that we **DO NOT** maintain documentation from year to year. Each year you are required to produce the required documentation in order to renew your permit.

NEW THIS YEAR: We will be utilizing a permit tag that will hang from your vehicle's rear view mirror. The tag will also have the permitted vehicle's license plate number preprinted on the tag.

INSTRUCTIONS FOR RENEWING: Mail or bring your completed application (on reverse) and **ALL NEW required documentation**, and a check (or cash in person) in the amount of \$25.00, payable to the Town of Mamaroneck, to the Town Clerk's Office, 740 W. Boston Post Road, Mamaroneck, 10543. **Our Office will only accept FULLY COMPLETED applications which includes ALL NEWLY required documentation.** (as detailed in the enclosure).

If your application is incomplete, it will be returned to you. Permits will not be issued at the counter. Permits will be **mailed** from our office after the submitted documentation has been reviewed and clearance has been given from the Town Court that the motor vehicle does not have three (3) or more outstanding and unpaid parking violations.

We will have extended hours on Wednesday, September 12, from 4:30pm to 6:30pm, and Saturday, September 22, from 2:00pm to 3:45pm.

If you should have any questions, please feel free to call the Town Clerk's Office at 914-381-7870.

Sincerely,
Christina Battalia



Application Residential Parking Permit Washington Square Area & Lester Place

October 1, 2018 thru September 30, 2019

Town Clerk's Office
740 W. Boston Post Rd.
Mamaroneck, NY 10543
914-381-7870

Hours Mon-Fri 8:30am-4:30pm
townclerk@townofmamaroneckNY.org

Resident _____

(if applicable) Caregiver _____

Resident's Address _____ APT # _____

Permit is for: Resident ____ or Caregiver ____ (as defined in Town Code 219-2.1 B)

Resident's Home # _____ Cell # _____

Resident's E-mail _____

Vehicle Make _____ Vehicle Model _____

License Plate# _____

PLEASE PROVIDE THE FOLLOWING:

- All Documentation as specified in the enclosed **NEW GUIDELINES**
- Cash or check **ONLY**, made payable to the Town of Mamaroneck - \$25.00
- Self-addressed stamped envelope

I understand that my permit tag must be displayed properly at all times while parked in the Residential Parking District. I hereby affirm under penalty of perjury that information provided on this application is true, and that there are not three or more outstanding and unpaid parking violations against this vehicle for parking occurring within the unincorporated area of the Town. I also understand that if this statement is false, I am subject to revocation of my parking privileges and/or prosecution as set forth in Town Code § 219-2.1 D (5).

Signature of Applicant _____