

TOWN CLERK'S OFFICE
TOWN OF MAMARONECK
740 W. Boston Post Road
Mamaroneck, New York 10543
(914) 381-7870

[] NEW
[] RENEWAL
[] QUARTERLY

Fee Paid \$ _____
Date Paid _____
Permit # _____

APPLICATION FOR PARKING

Qtr #1 _____
Qtr #2 _____
Qtr #3 _____
Qtr #4 _____

Effective _____

Expiration _____

Applicant's Name _____ Address _____

Home Telephone # _____ Business # _____ Owner of Automobile _____
(As it appears on Registration)

Relationship of Application to Owner of Automobile _____

FILL OUT PORTION THAT APPLIES TO YOU

24 HOUR PERMIT - LOT #3 - Myrtle Blvd. & North Chatsworth Avenue

Year/Make/Type _____ License Plate # _____

OVERNIGHT PERMIT - 7 DAYS A WEEK - 8:30 PM TO 8:30 AM - LOT #3 & LOT #4 - Myrtle Blvd. & North Chatsworth Avenue

Year/Make/Type _____ License Plate # _____

OVERNIGHT PERMIT - 7 DAYS A WEEK - 7:30 PM TO 7:30 AM - LOT #3 & LOT #4 - Myrtle Blvd. & Madison Street

Year/Make/Type _____ License Plate # _____

AREA BUSINESS - 7 DAYS A WEEK - 7:00 AM TO 8:00 PM - LOT #2 - Maxwell Street, Adjacent to Thruway

Year/Make/Type _____ License Plate # _____

Year/Make/Type _____ License Plate # _____

METER PERMIT - MONDAY THRU FRIDAY - 5:30 AM TO 3:00 AM - LOT #1 - Myrtle Blvd. & Vine Street

Year/Make/Type _____ License Plate # _____

Year/Make/Type _____ License Plate # _____

DAYTIME PERMIT - MONDAY THRU FRIDAY - 5:30 AM TO 3:00 AM - LOT #1 - Myrtle Blvd. & Vine Street

Year/Make/Type _____ License Plate # _____

Year/Make/Type _____ License Plate # _____

Pursuant to the provisions of the Code of the Town of Mamaroneck regulating parking, the above hereby make application for the issuance of a license to park the car(s) described. The undersigned agrees that the Town will not be liable for any loss or damage to the above described car or its equipment occurring while said car is parked in any parking area in said Town.

Signature of Applicant

If the applicant is not the owner of the car(s) for which this parking permit is applied for, he represents that this application is made with the knowledge and consent of the owner and that said owner is bound by the provisions hereof.

Signature of Applicant

I hereby affirm under penalty of perjury that all information provided on this application is true. I also understand that if this statement is false or if I in any way change or deface the parking permit issued me, I am subject to revocation of my parking privileges and/or prosecution for making a false statement.

Signature of Applicant

PARKING PERMITS ARE NON-TRANSFERABLE
Please fill out a duplicate copy for the office