

21 Wildey Street, Tarrytown, NY 10591-3199

914-631-7873 / 914-631-8770 (Fax)

November 2007

Dear Metro North Commuter:

A limited number of non-resident parking permits for the Tarrytown train station will be available by MAIL ONLY on a first received - first issued basis. **Walk-in applications will not be accepted.**

If you are interested, carefully read and complete the following:

1. **One** of the enclosed applications (type or print legibly).
2. **Certified check or money order** (PERSONAL CHECKS WILL NOT BE ACCEPTED) in the appropriate amount as indicated on the application - payable to:

Village of Tarrytown

Semi-annual fee - **\$575** (12/1/07- 5/31/08)

Semi-Annual Car pool - **\$575/\$50** \$575 - 1st Car, \$50 each additional car
(12/1/07 – 5/31/08)

3. A Business size stamped, self-addressed envelope.

The above three items should be mailed to:

*Village of Tarrytown
c/o Parking Permits
21 Wildey Street
Tarrytown, NY 10591*

Failure to follow any of the above may result in your application being placed at the bottom of the list. Because of the volume of applicants received, please do not call this office regarding the status of your application.

Sincerely,

James J. Hart
Village Treasurer

Enclosure

nonres.ltr

VILLAGE OF TARRYTOWN
21 Wildey Street
Tarrytown, NY 10591

NON RESIDENT PARKING PERMIT
Transfer Fee - \$1.00
Fee Schedule - *See Below*

To The Treasurer of the Village of Tarrytown:

Pursuant to the provisions of the Village Ordinance regulating parking, the undersigned hereby makes application for the issuance of a permit to park the motor vehicle (passenger or suburban only), hereinafter described, in parking areas designated and at times specified in said ordinance when space is available.

Please print: **(Application will be returned if not fully completed or if illegible)**

Name of Applicant: _____ Business Name _____

Home Address: _____ Address: _____

City, State, Zip: _____

Phone #: _____ Phone #: _____

Vehicle Make: _____ Model: _____ Year: _____

Vehicle ID #: _____ Color: _____

Plate #: _____ Registration State / Expiration: _____ / _____

UNDER NO CIRCUMSTANCES WILL TEMPORARY OR SUBSTITUTE PERMITS BE ISSUED.
NO EXCEPTIONS.

If this is a transfer, please fill out following: Reason: _____

(Original permit MUST be returned when transferring permit.) Original Permit #: _____

The undersigned agrees that the Village of Tarrytown will not be liable for any loss or damage to the above described motor vehicle or its equipment occurring while such motor vehicle is parked in any parking area in said Village. This permit does not guarantee that a space will be available in parking areas designated in said Ordinance but permits parking there in available space. Permit is valid only if permanently affixed to vehicle herein described on rear window passenger side. **UNDER NO CIRCUMSTANCES WILL THERE BE A REFUND EITHER IN FULL OR PART FOR THIS PERMIT.**

The undersigned swears or affirms under penalties of perjury that he or she is the owner of the above described motor vehicle and that the foregoing statements are true.

Signature of Applicant

CERTIFIED CHECKS OR MONEY ORDERS ONLY - MADE PAYABLE TO:
VILLAGE OF TARRYTOWN - PERSONAL CHECKS WILL BE RETURNED

Rate Schedule (Semi-Annual)

DEC.	\$575
JAN.	505
FEB.	435
MAR.	365
APR.	295
MAY	225

For Office Use Only:			
Permit Expir. Date:	5/31/08	New Permit # _____	Old Permit #: _____ (if transfer)
Issued By/Date	_____ / _____	\$ _____	Received () Cash () Check

VILLAGE OF TARRYTOWN
21 WILDEY STREET, TARRYTOWN NY 10591
(914) 631-7873

APPLICATION FOR **NON RESIDENT CARPOOL** PARKING PERMIT
CARPOOL - 2 OR MORE INDIVIDUALS IN ONE CAR

ANNUAL CARPOOL PERMIT:
TRANSFER FEE - \$1.00

\$575.00 FOR FIRST APPLICANT **PLUS**
\$ 50.00 FOR EACH ADDITIONAL APPLICANT
www.tarrytowngov.com

UNDER NO CIRCUMSTANCES WILL TEMPORARY OR SUBSTITUTE PERMITS BE ISSUED.
NO EXCEPTIONS.

Pursuant to the provisions of the Village Ordinance regulating parking the undersigned hereby makes application for the issuance of a permit to park the motor vehicle, hereinafter described, in parking areas designated and at times specified in said Ordinance when space is available.

NAME OF APPLICANT: _____ **PHONE:** _____

ADDRESS OF APPLICANT: _____

CITY, STATE AND ZIP CODE: _____

VEHICLE MAKE: _____ YEAR: _____

TYPE: _____ COLOR: _____

PLATE# _____ :STATE: _____ ZIP: _____

VEHICLE ID# (VIN): _____

SIGNATURE OF APPLICANT: _____

NAME OF APPLICANT: _____ **PHONE:** _____

ADDRESS OF APPLICANT: _____

VEHICLE MAKE: _____ YEAR: _____

TYPE: _____ COLOR: _____

PLATE#: _____ STATE: _____ ZIP: _____

VEHICLE ID# (VIN#): _____

SIGNATURE OF APPLICANT: _____

NAME OF APPLICANT: _____ **PHONE:** _____

ADDRESS OF APPLICANT _____

VEHICLEMAKE: _____ YEAR: _____

TYPE: _____ COLOR: _____

PLATE#: _____ STATE: _____ ZIP: _____

VEHICLE ID# (VIN#): _____

SIGNATURE OF APPLICANT: _____

FOR OFFICE USE: Permit Expires 5/31/08 Permit No. _____

Fee Received _____ Permit Issued by _____

Date of Purchase _____ Check () Cash ()