VILLAGE OF TARRYTOWN
ONE DEPOT PLAZA, TARRYTOWN NY 10591
(914) 631-7873
WWW.TARRYTOWNGOV.COM

APPLICATION FOR ***NON RESIDENT CARPOOL*** PARKING PERMIT

ANNUAL CARPOOL PERMIT: $ 1,200.00 FOR FIRST APPLICANT **PLUS**
$ 140.00 FOR EACH ADDITIONAL APPLICANT
SEMI ANNUAL CARPOOL PERMIT: $ 775.00 FOR FIRST APPLICANT **PLUS**
$ 110.00 FOR EACH ADDITIONAL APPLICANT
TRANSFER FEE - $ 5.00 **NO REFUNDS WILL BE ISSUED.**

Pursuant to the provisions of the Village Code 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 the Village Code when space is available. Undersigned agrees that the Village of Tarrytown is not liable for any damage or loss to described vehicles.
Permit not valid unless hanging from rear view mirror facing out-remove permit before moving vehicle. Permit can only be used for one car at a time.

MUST SUBMIT COPY OF REGISTRATION FOR ALL VEHICLES TO BE ON PERMIT
PRINT CLEARLY

1) NAME OF APPLICANT _____ Phone _____
ADDRESS OF APPLICANT _____
CITY, STATE AND ZIP CODE _____
VEHICLE MAKE _____ YEAR _____
PLATE #_____ STATE_____
SIGNATURE OF APPLICANT _____
E Mail-Required_____

2) NAME OF APPLICANT _____ Phone _____
ADDRESS OF APPLICANT _____
CITY, STATE AND ZIP CODE _____
VEHICLE MAKE _____ YEAR_____
PLATE # _____ STATE_____
SIGNATURE OF APPLICANT _____
E Mail-Required_____

3) NAME OF APPLICANT_____ Phon_____
ADDRESS OF APPLICANT _____
CITY, STATE AND ZIP CODE _____
VEHICLE MAKE _____ YEAR _____
PLATE #_____ STATE_____
SIGNATURE OF APPLICANT _____
E Mail-Required_____

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FOR OFFICE USE: Permit Expires_____ Permit No._____
Fee Received_____ Permit Issued by_____
Date of Purchase_____ Check ( ) Cash ( )

4) **NAME OF APPLICANT** _____Phone _____

ADDRESS OF APPLICANT _____

CITY, STATE AND ZIP CODE _____

VEHICLE MAKE _____ YEAR _____

PLATE #_____STATE_____

SIGNATURE OF APPLICANT _____

E Mail-Required_____

5) NAME OF APPLICANT _____ Phone _____

ADDRESS OF APPLICANT _____

CITY, STATE AND ZIP CODE _____

VEHICLE MAKE _____YEAR_____

PLATE # _____STATE_____

SIGNATURE OF APPLICANT _____

E Mail-Required_____

6) NAME OF APPLICANT_____ Phone_____

ADDRESS OF APPLICANT _____

CITY, STATE AND ZIP CODE _____

VEHICLE MAKE _____YEAR _____

PLATE #_____STATE_____

SIGNATURE OF APPLICANT _____

E Mail-Required_____

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FOR OFFICE USE: Permit Expires_____ Permit No._____

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