

VILLAGE OF TARRYTOWN
ONE DEPOT PLAZA, TARRYTOWN NY 10591
(914) 631-7873

APPLICATION FOR *RESIDENT CARPOOL* PARKING PERMIT
ALL APPLICANTS MUST BE VILLAGE RESIDENTS

Completed application & copies of vehicle registration(s) must be submitted or all will be returned

ANNUAL CARPOOL PERMIT: \$ 375.00 FOR FIRST TWO VEHICLES PLUS
\$ 75.00 FOR EACH ADDITIONAL VEHICLE
SEMI ANNUAL PERMIT: \$ 300.00 FOR FIRST TWO VEHICLES PLUS
\$ 50.00 FOR EACH ADDITIONAL VEHICLE
TRANSFER FEE - \$5.00

PRINT CLEARLY

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

Original permit only valid hanging from rear view mirror facing out – remove permit before moving vehicle.

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 vehicle(s).

1) NAME OF APPLICANT _____

ADDRESS OF APPLICANT _____

CITY, STATE AND ZIP CODE _____ **Phone** _____

VEHICLE MAKE _____ YEAR _____

PLATE # _____ State _____

SIGNATURE OF APPLICANT _____

E Mail-Required _____

2) NAME OF APPLICANT _____

ADDRESS _____

CITY, STATE AND ZIP CODE _____ **Phone** _____

VEHICLE MAKE _____ YEAR _____

PLATE# _____ State _____

SIGNATURE OF APPLICANT _____

E Mail-Required _____

3) NAME OF APPLICANT _____

ADDRESS OF APPLICANT _____

CITY, STATE AND ZIP CODE _____ **Phone** _____

VEHICLE MAKE _____ YEAR _____

PLATE# _____ State _____

SIGNATURE OF APPLICANT _____

E Mail-Required _____

FOR OFFICE USE: Permit Expires _____ Permit No. _____ Fee Received _____

Permit Issued By _____ Date _____ Cash _____ Check # _____

4) NAME OF APPLICANT _____

ADDRESS OF APPLICANT _____

CITY, STATE AND ZIP CODE _____ **Phone** _____

VEHICLE MAKE _____ YEAR _____

PLATE # _____ State _____

SIGNATURE OF APPLICANT _____

E Mail-Required _____

5) NAME OF APPLICANT _____

ADDRESS OF APPLICANT _____

CITY, STATE AND ZIP CODE _____ **Phone** _____

VEHICLE MAKE _____ YEAR _____

PLATE # _____ State _____

SIGNATURE OF APPLICANT _____

E Mail-Required _____

6) NAME OF APPLICANT _____

ADDRESS OF APPLICANT _____

CITY, STATE AND ZIP CODE _____ **Phone** _____

VEHICLE MAKE _____ YEAR _____

PLATE # _____ State _____

SIGNATURE OF APPLICANT _____

E Mail-Required _____

FOR OFFICE USE: Permit Expires _____ Permit No. _____ Fee Received _____

Permit Issued By _____ Date _____ Cash _____ Check # _____