

VILLAGE OF TARRYTOWN  
ONE DEPOT PLAZA, TARRYTOWN NY 10591  
**(914) 631-7873**  
[WWW.TARRYTOWNGOV.COM](http://WWW.TARRYTOWNGOV.COM)

APPLICATION FOR **NON RESIDENT CARPOOL** PARKING PERMIT

**ANNUAL PERMIT:** \$1,225.00 FOR FIRST VEHICLE OR TWO VEHICLES (SAME HOUSEHOLD)  
**PLUS** \$ 145.00 FOR EACH ADDITIONAL APPLICANT  
**SEMI ANNUAL PERMIT:** \$795.00 FOR FIRST VEHICLE OR TWO VEHICLES (SAME HOUDSEHOLD)  
**PLUS** \$115.00 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 ( ) Credit Card ( )

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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