

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 PERMIT:** \$ 410.00 FOR FIRST VEHICLE OR TWO VEHICLES (same household)  
PLUS \$80.00 FOR EACH ADDITIONAL VEHICLE  
**SEMI ANNUAL PERMIT:** \$ 300.00 FOR FIRST TWO VEHICLES (same household)  
PLUS \$55.00 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** \_\_\_\_\_

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**FOR OFFICE USE:** Permit Expires \_\_\_\_\_ Permit No. \_\_\_\_\_ Fee Received \_\_\_\_\_

Permit Issued By \_\_\_\_\_ Date \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ Credit Card \_\_\_\_\_

**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 \_\_\_\_\_

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**FOR OFFICE USE:** Permit Expires \_\_\_\_\_ Permit No. \_\_\_\_\_ Fee Received \_\_\_\_\_

Permit Issued By \_\_\_\_\_ Date \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ Credit Card \_\_\_\_\_