

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

APPLICATION FOR **NON RESIDENT CARPOOL** PARKING PERMIT

ANNUAL PERMIT: \$1,300.00 FOR FIRST VEHICLE OR TWO VEHICLES (SAME HOUSEHOLD)
PLUS \$ 150.00 FOR EACH ADDITIONAL APPLICANT
SEMI ANNUAL PERMIT: \$825.00 FOR FIRST VEHICLE OR TWO VEHICLES (SAME HOUDSEHOLD)
PLUS \$ 125.00 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 VALID REGISTRATION FOR ALL VEHICLES TO BE ON PERMIT
PRINT CLEARLY**

1) NAME OF APPLICANT _____ Phone _____
ADDRESS OF APPLICANT _____ Cell Phone _____
CITY, STATE AND ZIP CODE _____
VEHICLE MAKE _____ YEAR _____
PLATE # _____ STATE _____
SIGNATURE OF APPLICANT: _____

E Mail-Required: _____

2) NAME OF APPLICANT _____ Phone _____
ADDRESS OF APPLICANT _____ Cell Phone _____
CITY, STATE AND ZIP CODE _____
VEHICLE MAKE _____ YEAR _____
PLATE # _____ STATE _____
SIGNATURE OF APPLICANT _____

E Mail-Required _____

3) NAME OF APPLICANT _____ Phone _____
ADDRESS OF APPLICANT _____ Cell Phone _____
CITY, STATE AND ZIP CODE _____
VEHICLE MAKE _____ YEAR _____
PLATE # _____ STATE _____
SIGNATURE OF APPLICANT _____

E Mail-Required _____

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 _____ Cell Phone _____
CITY, STATE AND ZIP CODE _____
VEHICLE MAKE _____ YEAR _____
PLATE # _____ STATE _____
SIGNATURE OF APPLICANT: _____

E Mail-Required: _____

5) **NAME OF APPLICANT** _____ Phone _____
ADDRESS OF APPLICANT _____ Cell Phone _____
CITY, STATE AND ZIP CODE _____
VEHICLE MAKE _____ YEAR _____
PLATE # _____ STATE _____
SIGNATURE OF APPLICANT _____

E Mail-Required: _____

6) **NAME OF APPLICANT** _____ Phone _____
ADDRESS OF APPLICANT _____ Cell Phone _____
CITY, STATE AND ZIP CODE _____
VEHICLE MAKE _____ YEAR _____
PLATE # _____ STATE _____
SIGNATURE OF APPLICANT _____

E Mail-Required: _____

FOR OFFICE USE: Permit Expires _____ Permit No. _____
Fee Received _____ Permit Issued by _____
Date of Purchase _____ Check () Cash () Credit Card ()