

VILLAGE OF TARRYTOWN
One Depot Plaza
Tarrytown, NY 10591

www.tarrytowngov.com

RESIDENT PARKING PERMIT
Transfer Fee - \$5.00
Fee Schedule - See Below
(914)631-7873 Phone
(914)631-8770 Fax

Pursuant to the provisions of the Village Code regulating parking the undersigned, who resides within the corporate limits of the Village of Tarrytown, 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 therein is available.

Completed application & copy of valid registration(s) must be submitted to be processed or all will be returned.

PRINT CLEARLY

Make checks payable to: **Village of Tarrytown**

Name of Applicant: _____

Address: _____

City: _____ Zip Code _____

Home Phone # _____ Business Phone # _____ Cell Phone _____

Vehicle #1 Plate # _____ State _____ Vehicle # 2 Plate # _____ State _____

Make _____

Make _____

Year _____

Year _____

Transfer: \$5.00 – Reason _____ Original Permit # _____

E Mail-Required: _____

In which parking lots do you primarily use your permit _____ **commuter train lots** _____ **downtown commercial lots?**

The undersigned agrees that the Village of Tarrytown will not be liable for any loss or damage to the above described motor vehicle or its equipment while such motor vehicle is parked in any parking areas in the Village. **This permit does not guarantee that a space will be available in parking areas designated. UNDER NO CIRCUMSTANCES WILL THERE BE A REFUND EITHER IN FULL OR PART. Only the original permit hanging from the rear view mirror facing out is valid – remove permit before moving vehicle.**

The undersigned swears or affirms under penalties of perjury that he or she is a bona fide resident of the Village of Tarrytown, that he or she is the owner of the above described motor vehicle and that the foregoing statements are true.

Signature

UNDER NO CIRCUMSTANCES WILL TEMPORARY OR SUBSTITUTE PERMITS BE ISSUED

Rate Schedule (Annual)

Rate Schedule (Semi-Annual)

June	\$ 435	Dec.	\$ 345
July	420	Jan.	330
Aug.	405	Feb.	315
Sept.	390	March	275
Oct.	375	April	185
Nov	360	May	100

First Half of Year	Second Half of Year
June \$ 345	Dec. \$ 345
July 330	Jan. 330
Aug 315	Feb. 315
Sept 275	Mar 275
Oct 185	Apr 185
Nov 100	May 100

For Office Use Only:

Permit Expir. Date: 11/30/____ 5/31/____ New Permit # _____ Old Permit #: _____ (if transfer)

Issued By/Date _____/_____ \$_____ Received () Cash () Check () Credit Card