

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 valid vehicle registration(s) must be submitted or all will be returned

ANNUAL PERMIT: \$ 420.00 FOR FIRST VEHICLE OR TWO VEHICLES (same household)
PLUS \$85.00 FOR EACH ADDITIONAL VEHICLE

SEMI ANNUAL PERMIT: \$ 320.00 FOR FIRST VEHICLE OR TWO VEHICLES (same household)
PLUS \$60.00 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. UNDER NO CIRCUMSTANCES WILL ANY REFUNDS BE MADE.

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 _____ Cell Phone _____

CITY, STATE AND ZIP CODE _____ Phone _____

VEHICLE MAKE _____ YEAR _____

PLATE # _____ State _____

SIGNATURE OF APPLICANT _____

E Mail-Required: _____

2) NAME OF APPLICANT _____

ADDRESS _____ Cell Phone _____

CITY, STATE AND ZIP CODE _____ Phone _____

VEHICLE MAKE _____ YEAR _____

PLATE# _____ State _____

SIGNATURE OF APPLICANT _____

E Mail-Required: _____

3) NAME OF APPLICANT _____

ADDRESS OF APPLICANT _____ Cell Phone _____

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 # _____ Credit Card _____

4) NAME OF APPLICANT _____

ADDRESS OF APPLICANT _____ Cell Phone _____

CITY, STATE AND ZIP CODE _____ Phone _____

VEHICLE MAKE _____ YEAR _____

PLATE # _____ State _____

SIGNATURE OF APPLICANT _____

E Mail-Required: _____

5) NAME OF APPLICANT _____

ADDRESS OF APPLICANT _____ Cell Phone _____

CITY, STATE AND ZIP CODE _____ Phone _____

VEHICLE MAKE _____ YEAR _____

PLATE # _____ State _____

SIGNATURE OF APPLICANT _____

E Mail-Required: _____

6) NAME OF APPLICANT _____

ADDRESS OF APPLICANT _____ Cell Phone _____

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 # _____ Credit Card _____