

VACATION PARKING PERMIT
LOT D & McKEEL PARKING LOT

VILLAGE OF TARRYTOWN
One Depot Plaza
Tarrytown, NY 10591-3199

Phone: 914-631-7873 Fax: 914-631-8770

PLEASE PRINT OR TYPE

Make checks payable to: **VILLAGE OF TARRYTOWN** DATE: _____

Pursuant to the provisions of the Village Ordinance 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 said ordinance when space therein is available.

Name of Applicant: _____ Phone #: _____

Address: _____ City/Zip Code _____

Make: _____ Year: _____ Model: _____

Color: _____

Plate: _____ Registration State/Expiration: _____/_____

EMERGENCY CONTACT:

Name _____ Address _____ Phone: _____

The undersigned agrees that the Village of Tarrytown *WILL NOT* be liable for any loss damage to the above described motor vehicle is parked in any parking area in said Village. **Under no circumstances will there be a refund either in full or part for this permit.**

I, the undersigned, swear or affirm under penalties of perjury that I am a bona fide resident of the Village of Tarrytown, that I am the owner of the above described motor vehicle, and that the foregoing statements are true.

Signature of Applicant

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RULES AND FEE

Lot D

- | | | |
|-------------------------|----------------------|---------------------------|
| • <i>BLOCK (2 days)</i> | <i>Resident \$20</i> | <i>Non Resident \$25</i> |
| • <i>1 Week</i> | <i>Resident \$60</i> | <i>Non Resident \$100</i> |

McKeel Lot:

- *Residents only: 3 Day Minimum, \$6 per day*

For Office Use Only:

DATES OF USE _____ TO _____ ☐ Lot D ☐ McKeel Lot PERMIT # _____

Issued by/Date _____/_____ \$ _____ Received: ☐ Cash ☐ Credit card ☐ Check# _____