

VILLAGE OF TARRYTOWN
One Depot Plaza
Tarrytown, NY 10591

www.tarrytownny.gov

2023-2024 RESIDENT PARKING PERMIT

Transfer Fee - \$5.00

Fee Schedule - See Below

Phone: (914) 631-7873

Fax: (914) 631-8770

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 # _____

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

Make _____

Make _____

Year _____

Year _____

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

Email (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 they are a bona fide resident of the Village of Tarrytown, that they are 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)

June	\$ 490	Dec	\$ 340
July	465	Jan	315
Aug	440	Feb	290
Sept	415	Mar	265
Oct	390	Apr	240
Nov	365	May	215

Rate Schedule (Semi-Annual)

First Half of Year	Second Half of Year
June \$340	Dec \$340
July 315	Jan 315
Aug 290	Feb 290
Sept 265	Mar 265
Oct 240	Apr 240
Nov 215	May 215

For Office Use Only:

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

Issued By/Date _____ / _____ Received: \$ _____ Cash Credit Card Check # _____