VISITOR'S PASS

RESIDENT PARKING PERMIT APPLICATION AND AFFIDAVIT

PLEASE PRINT

NAME: _____
LAST FIRST INITIAL

ADDRESS: _____
STREET NUMBER STREET NAME

HOME PHONE No. _____ WORK PHONE No._____

LICENSE PLATE:_____ VEHICLE YEAR:_____ VEHICLE MAKE:_____

NAME OF PERSON VISITING: _____

ADDRESS: _____

_____
SIGNATURE OF APPLICANT

DATED THIS _____DAY OF _____ 20___

OFFICE USE ONLY

PERMIT # _____

VALID FROM _____ TO _____

NYS DRIVERS LICENSE _____ (COPY)

NYS VEHICLE REGISTRATION _____ (COPY)

PROOF OF ADDRESS _____ (COPY)