RESIDENT PARKING PERMIT APPLICATION AND AFFIDAVIT
PLEASE PRINT

DATE: ___/____/_____

NAME: _____
LAST FIRST INITIAL

ADDRESS: _____
STREET NUMBER STREET NAME

HOME PHONE No. _____ WORK PHONE No._____

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

_____
SIGNATURE OF APPLICANT

DATED THIS ____DAY OF _____ 20___

OFFICE USE ONLY

PERMIT # _____

NYS DRIVERS LICENSE _____ (COPY)

NYS VEHICLE REGISTRATION _____ (COPY)

PROOF OF ADDRESS _____ (COPY)