INCORPORATED VILLAGE RESIDENT PARKING PERMIT
EFFECTIVE PERIOD APRIIL 1, 2026 – TO MARCH 31, 2027

Instructions For Parking Permit Applications

Enclosed is an application for your Incorporated Village Resident Parking Permit. Provide all information requested on the form. Sign application, enclose a check payable to the Town of Oyster Bay for fee printed on the application and return in the enclosed envelope.

REQUIREMENTS; in addition to the completed application,

1. **A copy of the current vehicle registration (New York State plates only)**
2. **A copy of a current home telephone or utility bill (PSEG, Water, Cable, etc.).**

Vehicle registrations showing a **company** name and address will require a letter from the company on letterhead assigning the car to you. This must accompany the copy of the registration and utility bill.

It is against the law to make a false statement on your application.

SENIORS 62 & over the fee is $10.00. Please submit all above with a copy of Driver's License.

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RICHARD LAMARCA
TOWN CLERK

TOWN OF OYSTER BAY PARKING PERMIT APPLICATION

I HEREBY CERTIFY THAT I RESIDE AT THE ADDRESS SET FORTH BELOW, AND THAT I AM A RESIDENT OF THE TOWN OF OYSTER BAY, AND THAT I AM THE OWNER OF THE MOTOR VEHICLE HEREIN AFTER DESCRIBED, AND THAT I APPLICATION FOR A PERMIT TO PARK SUCH MOTOR VEHICLE WHEN SPACE IS AVAILABLE IN PERMITTED PARKING AREAS DESCRIBED IN TOWN ORDINANCE MOTOR VEHICLE AND TRAFFIC, CHAPTER 233 OF RULES AND REGULATIONS PURSUANT THERETO. I AGREE THAT THE TOWN OF OYSTER BAY SHALL NOT BE LIABLE FOR ANY LOSS OF, OR DAMAGE TO THE BELOW DESCRIBED MOTOR VEHICLE OR IT'S EQUIPMENT, OCCURRING WHILE SUCH MOTOR VEHICLE IS PARKED IN ANY PERMITTED PARKING AREA OF THE TOWN.

PLEASE TYPE OR PRINT CLEARLY

NAME

STREET

POST OFFICE AND ZIP

TELEPHONE

MAKE/YEAR

BODY TYPE

NY LICENSE PLATE NO.

RESIDENT TYPE I FEE $120.00

Mail To:
Office of the Town Clerk
Parking Permit
54 Audrey Avenue
Oyster Bay, NY 11771

FOR OFFICIAL USE ONLY

CHECK	CASH	CC
REG. SUBMITTED	PERMIT NO.	
DATE ISSUED	ISSUED BY	

_____
SIGNATURE OF APPLICANT