RESIDENT SENIOR PARKING PERMIT EFFECTIVE PERIOD – TO MARCH 31, 2026

Instructions For Parking Permit Applications

Enclosed is an application for your Resident Parking Permit. Provide all information requested on the form. <u>Sign application</u>, 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, utility bill (PSEG, water, cable, etc.), W-2 or paystub.
- 3. A copy of current photo ID, proving applicant is age 62 or older.

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.

There will be a \$20.00 charge for any check returned unpaid by your bank.

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				Mail To: Office of the Town Clerk Parking Permit 54 Audrey Avenue				
TELEPHONE								
MAKE/YEAR				500.01		LICE	0.U.V	
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BODY TYPE				CHECK	CAS	Н	CC	
NY LICENSE PLATE NO.				REG. SUBMITTED PER			MIT NO.	
RESIDENT TYPE	R	FEE \$20.00	-	DATE ISSUED		ISSUED BY		
SIGNATURE O	F APPLICANT							