



**CAREGIVER APPLICATION**  
**for Parking Permit**  
**Washington Square Area & Lester Place**  
**November 1, 2023 thru October 31, 2024**

**Town Clerk / Town of Mamaroneck**  
740 W. Boston Post Rd.  
Mamaroneck, NY 10543  
914-381-7870  
Hours Mon-Fri 8:30am-4:30pm  
[townclerk@townofmamaroneckNY.org](mailto:townclerk@townofmamaroneckNY.org)

**This application is for a WSA Parking Permit for a Caregiver (as defined in Town Code 219-2.1 B)**

Note, If you are a Caregiver, you must provide (i) a written certification with an original (not stamped) signature from a medical doctor, stating that the Area Resident requires assistance with daily activities between the hours of 9am and 2pm; or (ii) a notarized affidavit from the parent of a child of an Area Resident attesting to the Caregiver providing care for that child for more than 3 hours per day between the hours of 9am and 2pm.

**Name of Caregiver:** \_\_\_\_\_

**Street:** \_\_\_\_\_ **Apt. #:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State/Zip:** \_\_\_\_\_

**Home Phone #:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ @ \_\_\_\_\_

**Vehicle Make:** \_\_\_\_\_ **Model:** \_\_\_\_\_ **License Plate #:** \_\_\_\_\_

**Name of Resident:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Apt. #:** \_\_\_\_\_

**Home Phone #:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ @ \_\_\_\_\_

**Caregiver please read, then sign:** I understand that my permit tag must be displayed properly at all times while parked in the Residential Parking District. I hereby affirm under penalty of perjury that information provided on this application is true, and that there are not three or more outstanding and unpaid parking violations against this vehicle for parking occurring within the unincorporated area of the Town. I also understand that if this statement is false, I am subject to revocation of my parking privileges and/or prosecution as set forth in Town Code § 219-2.1 D (5).

**Signature of Caregiver:** \_\_\_\_\_

**DOUBLE CHECK.... YOUR COMPLETE CAREGIVER APPLICATION PACKET WILL INCLUDE**

1. Completed and signed caregiver application (this page).
2. A copy of your vehicle registration, driver's license and required documentation of need.
3. One self-addressed, stamped envelope.
4. Payment -- Check or money order for \$25.00, made payable to the Town of Mamaroneck.

**Please note: your Vehicle Registration and Driver's License MUST both be valid, they cannot be expired.**