



LOT A COMMUTER PARKING APPLICATION

Mamaroneck Town Clerk's Office
740 W. Boston Post Rd.
Mamaroneck, NY 10543
Townclerk@townofmamaroneckNY.org
914-381-7870

(Please write clearly)

Applicant Name _____ E-Mail _____@_____

Street Address _____, _____, _____

Best Contact Home Phone or Cell Phone # _____ - _____ - _____

Vehicle #1 Make _____ Vehicle #1 Model _____ License Plate #1 _____

Vehicle #2 Make _____ Vehicle #2 Model _____ License Plate #2 _____

DAYTIME – LOT A – MYRTLE BLVD

12 months (up to 2 vehicles, 1 permit) - \$900.00. Valid January 1, 2024 through December 31, 2024.

All permit holders may choose to put up to 2 vehicles on 1 tag, at no extra charge, but only 1 vehicle may be parked in Lot A at any given time.

PLEASE ENCLOSE THE FOLLOWING **THREE** ITEMS ALONG WITH YOUR APPLICATION:

1. A copy of your valid Driver's License
2. A copy of your valid Vehicle Registration(s) --For each vehicle on your tag.
3. Check or money order made payable to 'Town of Mamaroneck'

PLEASE READ AND SIGN THE FOLLOWING:

I understand that, pursuant to Town Code Chapter 219 Vehicle and Traffic, my permit tag will be displayed properly at all times while parked in the Town lot by hanging, facing outward, from the vehicle's rearview mirror. I hereby affirm under penalty of perjury that information provided on this application is true. I also understand that if this statement is false or if I in any way change or deface the parking permit issued to me, I am subject to revocation of my parking privileges and/or prosecution for making a false statement.

Signature of Applicant _____ Date: _____

Check ONE of the following:

Mail my permit

Let me know when permit is ready for pick up from the Town Center (M-F 8:30am-4:00pm)