



# 24 Hour Permit – Lot B, D, E – 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 \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Main Contact/Cell # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

Current Permit # \_\_\_\_\_ (if you have) Current Permit is, check ONE:  Lot B Upper  Lot B Lower

Lot D  Lot E

### 24 Hour Parking Permit

**12-month Option -- \$1,000.00**, valid January 1, 2024 thru December 31, 2024

**6-month Option -- \$517.50**, valid January 1, 2024 thru June 30, 2024

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

1. A copy of your valid Vehicle Registration
2. A copy of your valid Driver's License
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)