



# MUNICIPAL PARKING PERMIT APPLICATION

## **FOR TUXEDO RESIDENTS**

(UPPER PARKING LOT AT THE TRAIN STATION)

**3 MONTHS: \$50.00 • 6 MONTHS: \$96.00 • 12 MONTHS: \$190.00**

*(We encourage the purchase of 12 months - Space is limited!)*

**Make checks payable to: Town of Tuxedo**

**\*Proof of Residence: Drivers' License, Car Registration or Utility Bill\***

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### **Permits may be obtained two ways:**

**IN PERSON:** Bring your completed application, check, cash or credit card, and proof of residency to the Town Clerk on the 1st floor of Town Hall, M-F between 9AM and 3PM.

**BY MAIL:** Send us a self-addressed stamped envelope with your check, application, and proof of residency to: Town of Tuxedo, Town Clerk's Office, One Temple Drive, Tuxedo, NY 10987.

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E-MAIL ADDRESS: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

PHONE #: \_\_\_\_\_

STREET ADDRESS / P.O. BOX: \_\_\_\_\_

TOWN: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

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MAKE	MODEL	YEAR	COLOR / STATE	PLATE #

\_\_\_\_\_  
*SIGNATURE OF APPLICANT*

\_\_\_\_\_  
*DATE*

### **CREDIT CARD INFORMATION:**

Name on Card \_\_\_\_\_

Billing Address \_\_\_\_\_

Credit Card # \_\_\_\_\_

Card Type \_\_\_\_\_

Security Code \_\_\_\_\_

<b><u>FOR OFFICE USE ONLY:</u></b>	
PAYMENT TYPE _____	\$ AMOUNT _____
PROCESSED BY _____	# MONTHS _____
EXP. DATE _____	PERMIT # _____

**PERMIT MUST BE HUNG ON THE REARVIEW MIRROR OF THE VEHICLE(S) LISTED ABOVE ONLY.**

**OVERNIGHT PARKING PERMITTED IF YOU NOTIFY US - CALL OR E-MAIL**

**Town Clerk's Office: 845-351-4411 X 4**

**[townclerk@tuxedogov.org](mailto:townclerk@tuxedogov.org)**