

APPLICATION

OVERNIGHT PARKING PERMIT
PARKING FIELD'S # 1-3-4-6

APPROVED () REJECTED ()

ANNUAL () SEMI-ANNUAL () QUARTERLY ()

PERMIT WILL ONLY BE ISSUED TO PERSONS WHOSE PRIMARY RESIDENCE IS WITHIN THE VILLAGE OF GREAT NECK. PLEASE ATTACH A VALID COPY OF YOUR DRIVERS LICENSE, REGISTRATION AND CURRENT LEASE/DEED. ALL OUTSTANDING PARKING VIOLATIONS SHALL BE PAID BEFORE ANY APPLICATION IS ACCEPTED.

NAME: _____ PHONE NO. #: _____

ADDRESS: _____ APT#: _____

OWNER OF VEHICLE: _____

ADDRESS OF OWNER: _____

MAKE OF VEHICLE _____ BODY TYPE _____ COLOR _____

PLATE # _____ STATE _____ YEAR _____

PROOF OF RESIDENCY: LEASE/DEED _____

Does there presently exist, at your residence, available on-site parking? YES () NO ()

Has an application been issued to more than one (1) vehicle at this household? YES () NO ()

Do you agree to the terms posted on the reverse of this application? YES () NO () Initial(s) _____

I hereby submit my application to the Village of Great Neck for an **OVERNIGHT** Parking Permit. **I agree to park in designated areas ONLY**, and abide by all the regulations printed on the reverse side of this application, including observing all traffic regulations applicable to all Village Parking fields.

I hereby swear/affirm that all statements and representations are herein true and correct. I understand that any misrepresentation(s) made in this application would constitute this making, by myself, of a punishable false written statement, which is a misdemeanor under New York Penal Law 21045, and that I would/could be prosecuted to the fullest extent of the law.

SIGNATURE OF APPLICANT _____ DATE _____

FOR OFFICIAL USE ONLY

CERTIFICATE OF REGISTRATION SUBMITTED: YES () NO () VALID DRIVERS LICENSE SUBMITTED: YES () NO ()

JUSTICE COURT CLEARANCE: YES () NO () DATE: _____ BY: _____

DATE OF ISSUANCE: _____ EXPIRES: _____ PERMIT #: _____

RECEIPT #: _____ \$ AMOUNT _____ CHECK _____ CASH _____

LOT # _____ NUMBER OF PERMITS ISSUED PER HOUSEHOLD _____