APPLICATION			
Garth Road	Parking	Permit -	- Visitor

Visitor name:		I	Home Phone:	
Addre	ess:		Business Phone:	
E-ma	il Address:			
Garth	n Rd. resident's	name & address		
Car ov	wner's name:			
Owne	r's address:			
Vehic	le:	Make		
	Year	Make	License Plate Number	
	Letter from resident weekdays between Copy of visitor's ve Copy of visitor's de Copy of a recent pr	7:00am-9:00am, and ehicle's registration, and	's need to park on Garth Rd. on	
I unders	stand: -that the permit will not	5	ring and traffic violations have been paid, and rmit.	
Notice:	Pursuant to the Penal Law Section 210.45, it is a crime punishable as a Class "A" Misdemeanor to knowingly make a false statement herein. Parking is subject to any and all rules now or hereafter adopted			
Appl	icant's Signatu	re:		
PLEA	SE DO NOT BRI	NG YOUR APPLICATION	I TO TOWN HALL.	

ALL PERMITS WILL BE PROCESSED VIA MAIL OR EMAIL (GARTHRENEWAL@EASTCHESTER.ORG)

For Internal Use: Date: _____