



PARKING PERMISSION REQUEST

Date _____

Name _____

Address _____

Daytime Phone _____

Date(s) Requested _____

Reason _____

Vehicle(s) Make

License Plate No.

1) _____

2) _____

3) _____

This form must be completed and faxed to 516-504-4463 or emailed to dward@greatneckvillage.org at least 48 hours prior to the request of the parking permission date.

PLEASE NOTE:

- Only timed parking restrictions are lifted
- Parking is never permitted in "No Parking Anytime" zones
- Per NYS Law, NO driveways can be blocked, including your own

A large white sheet of paper, stating "PARKING PERMISSION FOR **INSERT ADDRESS**", must be placed on the dashboard of the above vehicle(s) steering wheel. The verbiage should be bold enough to be seen during overnight hours.