APPLICATION FOR GRAYROCK ROAD COMMUTER LOT PARKING PERMIT
FOR GARTH ROAD RESIDENTS

Applicant's Name _____ Home Phone #_____
Home Address _____ Business Phone #_____
_____Fax # _____

Indicate Type of Permit:
_____ Annual _____ Semi-annual _____ Quarterly

Amount of check enclosed $_____ (See attached letter)

Vehicle Registration Information:

Owner's Name _____ Date Regis. Expires _____

Owner's Address_____

Vehicle _____
Year Make License Plate #

You must attach copies of: 1) Driver's License
2) Vehicle Registration
3) Proof of Garth Road Residence

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. Neither the Town of Eastchester nor Metro North is liable for any loss or damage to any vehicle while parked in this facility.

Applicant's Signature _____

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FOR OFFICE USE ONLY -
_____ Application Materials Complete
_____ Date of request for additional information _____
_____ Permit No. _____ Date Issued_____