

**Town of Islip  
Parking Permit Application**

**Bay Shore, Maple Avenue Dock**

**May 1st to September 30th**

**Monday - Friday NO WEEKENDS!**

<b>Applicant Information:</b>			
Last Name:	_____		
First Name:	_____	Middle Initial:	_____
Street:	_____		
City:	_____	State:	_____ Zip: _____
Phone No:	_____	Mobile No:	_____
<b>Employer Information:</b>			
Employer:	_____		Contact: _____
Phone No:	_____		
<b>Vehicle Information:</b>			
Year/Make/Model:	_____		Color: _____
Name on Registration	_____	Signature:	_____
<i>*Must Present Valid Vehicle Registration</i>	Plate No:		
<i>*Must Present Driver's License.</i>			
<i>*Lifeguards Also Present Town I.D</i>			

<b>TOWN USE ONLY - DO NOT WRITE IN THIS BOX</b>	
Date: _____	Permit No: <div style="border: 1px solid black; width: 100px; height: 30px; display: inline-block;"></div>
Amount Paid: _____	
Received By: _____	
Authorized/Approved by: _____ Authorized Signature (Parking Administrator)	