



TOWN OF ISLIP

Bay Shore Train Station

Parking Permit Application

Applicant Information:

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Email Address: _____

Vehicle Information:

License Plate No:

Year:

Make:

Model:

Color:

Applicant must present a **valid New York State Drivers license, New York State Vehicle Registration & Proof of Residency.**

The undersigned certifies the information provided is accurate and acknowledges that any permit issued is subject to the rules and regulations provided herein, on signage in the parking lots, and in the Town of Islip Uniform Traffic Ordinance.

Applicant Signature: _____ Date: _____

Method of Payment

CHECK

Credit Card

Cash
(Office Transactions only -
DO NOT MAIL CASH)

Transaction Amount:

\$ _____

Fee Schedule:

On or Before August 31st

Islip Resident = \$90.

Non Resident - \$250.

On or After September 1st:

Islip Resident = \$30.

Non Resident - \$70.

Checks payable to:

Town of Islip

Mailing to:

Islip Parking Administration
401 Main Street, Room 102
Islip, New York 11751

TOWN OFFICIAL USE ONLY

Permit #:

Date issued:

Office or Mail-in:

Authorized By: