



TOWN OF ISLIP

Downtown Bay Shore

Employee Parking Permit Application

Employment Information:

Business Name: _____ Phone Number: _____
Address: _____ Manager Name: _____

Applicant Information:

Last Name: _____ First Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Email Address: _____

Vehicle Information:

License Plate No:	Year:	Make:	Model:	Color:
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Applicant must present a **valid New York State Drivers license, New York State Vehicle Registration.** Copies of all presented documentation will be made for filing purposes (Mail-in applications must provide copies of all listed documentation).

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:

Before March 15th: \$90
Between March 16th and June 30th: \$65
Between July 1st and September 30th: \$45
Between October 1st and December 15th: \$25

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:
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