



# Town of Babylon

Resident Parking Permit Office  
200 East Sunrise Highway  
Lindenhurst, N.Y. 11757

## Application for Train Station Parking Permit

You must have:

N.Y. State Driver's License, N.Y. State Registration with either a Home Phone Bill or (3) other pieces of mail. Please note that all documents submitted with the application must have the same Town of Babylon address. The car **must** be registered in N.Y. State to the Town of Babylon Resident that is applying for permit to be eligible.

### APPLICANT INFORMATION – PLEASE PRINT

Name			/	/
	_____	_____	_____	
	<i>Last</i>	<i>First</i>	D.O.B	
Address	_____			
	<i>Street</i>	<i>City</i>	<i>Zip</i>	
Phone ( ) -	<i>Email</i>		_____	
Please select Permit you are Applying for: (Select one)				
<input type="checkbox"/> Wyandanch <input type="checkbox"/> Copiague <input type="checkbox"/> Downtown Copiague				

### VEHICLE INFORMATION

Vehicle	_____			
	<i>Plate</i>	<i>Make</i>	<i>Model</i>	<i>Year</i>

"I certify that the above information is true and correct. I also certify that the above-listed vehicle is kept by me and only at the address I have given above as my residence and that the vehicle will not be kept at any other location for the duration of the permit's validity. I also understand it is my responsibility to notify the Town of Babylon of any changes to my application information. Additionally, I understand that the Town of Babylon reserves the right to revoke my permit if any of the information I provide is false. Lastly, I understand that parking spots are available on a first-come, first-served basis."

Signature \_\_\_\_\_ Date \_\_\_\_\_

### FOR OFFICE USE – DO NOT WRITE BELOW THIS LINE

Proof of Residence Provided:	Permit Issued:
<input type="checkbox"/> NY Registration <input type="checkbox"/> (3) Pieces of mail	<input type="checkbox"/> Permit issued in person on: _____
<input type="checkbox"/> Driver's License <input type="checkbox"/> Other _____	<input type="checkbox"/> Permit issued via mail on: _____
<input type="checkbox"/> Home Phone Bill _____	

Application Date:	Permit Expiration Date:	Initials	Permit No.
_____	_____	_____	_____

Staff Comments:	_____
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