

Hastings On Hudson Parking Permit

Please complete the following information when applying for this parking permit. All entries must be typed or printed clearly. All blanks should be complete.

A copy of the vehicle registration showing a Hastings address **MUST** be present at time of application.

Notice: False statement made herein are punishable as a class A Misdemeanor pursuant to Section 210.45 of the Penal Law of the State of New York.

Last Name _____ First _____

Street Number _____ Street Name _____

Apt. _____ Home Phone _____ Work Phone _____

Car Make & Year _____ Car Color _____

Plate Number _____ State _____

Signature of Applicant _____ Dated _____

This Parking Sticker is nontransferable. Its sole use is for the vehicle described above. Any parking sticker found to be misapplied to another vehicle shall result in the forfeiture of future parking privileges in the permit area for both original applicant and the owner for the vehicle, which the sticker was found upon.

Fee Paid \$10.00 Receipt _____ Check #: _____

Sticker Number Issued _____ Date: _____

Issuing Officers Shield # _____ Residency Verified _____