

## Village of Rockville Centre

☐ NOV. 1 - JAN 31

☐ FEB. 1 - APR. 30

☐ MAY 1 - JULY 31

☐ AUG. 1 - OCT. 31

### INSTRUCTIONS FOR PARKING PERMIT APPLICATION

Enclosed is your renewal application for quarterly parking permit. Verify all information carefully. All corrections should be made in the area provided to the right of the computer printed data.

\$71.00 per quarter

Payable by CASH or CHECK ONLY

All applications must be completed by the Employee as well as the Employer. This includes the notarized affidavit

### EMPLOYEE QUARTERLY PARKING PERMIT APPLICATION

Sign application, enclose check payable to Village of Rockville Centre for fee printed on enclosed application and return in the enclosed envelope.

**"PLEASE MAIL APPLICATION, DO NOT COME TO VILLAGE HALL."**

CHANGE OF LICENSE PLATE NO. will require a copy of your vehicle registration stub.

It is against the law to make a false statement on your application.

**Village of Rockville Centre.**

Important information  
on back of form  
- READ AND SIGN -



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on back of form  
- READ AND SIGN -

▲ **DETACH AT PERFORATION AND RETURN STUB WITH PAYMENT.** ▲

EMPLOYER #:

EMPLOYER NAME:

VEHICLE REG. NAME:

VEHICLE REG. STREET:

VEHICLE REG. CITY:

VEHICLE REG. STATE:

ZIP:

LIC. PLATE STATE:

LIC. PLATE #:

VEHICLE YEAR:

MAKE:

TYPE:

FEE \$:

### **PARKING PERMIT APPLICATION**

COMPLETE BELOW FOR ANY CHANGES IN COMPUTER DATA

\_\_\_\_\_  
EMPLOYEE NAME

\_\_\_\_\_  
VEHICLE REG. NAME

\_\_\_\_\_  
VEHICLE REG. STREET ADDRESS

\_\_\_\_\_  
VEHICLE REG. CITY      STATE      ZIP

\_\_\_\_\_  
LIC. PLATE STATE      LIC. PLATE #

\_\_\_\_\_  
VEHICLE YEAR      MAKE      TYPE

**TO: VILLAGE CLERK  
VILLAGE OF ROCKVILLE CENTRE  
ONE COLLEGE PLACE  
ROCKVILLE CENTRE, NY 11570**

I hereby certify that the following person(s) is (are) employed by me in my place of business located in the Village of Rockville Centre, New York 11570, and I understand that if there are any false statements made concerning this application for the EMPLOYEE PARKING PERMIT, parking privileges will be revoked.

EMPLOYEE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_

HOME PHONE: \_\_\_\_\_

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BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

BUSINESS PHONE #: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

MUST BE SIGNED BEFORE NOTARY PUBLIC

Sworn to before me this \_\_\_\_\_ day

of \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC