NON-RESIDENT, 2018 – 2019
PARKING REGISTRATION

TOWN OF NEW CASTLE
200 SOUTH GREELEY AVENUE CHAPPAQUA, NY 10514 (914) 238-4772
APPLICATION FOR PARKING REGISTRATION

PLEASE PRINT

LAST NAME	FIRST NAME	
ADDRESS: HOUSE # & STREET	CITY	ZIP
EMAIL ADDRESS		
HOME PHONE	BUSINESS PHONE ( )	
PLATE NO.	PLATE NO.	
PLATE NO.		

FOR OFFICIAL USE ONLY

PERMIT NO. _____

☐ CASH _____

☐ CHECK _____

☐ CREDIT CARD _____

BY _____

DATE _____

Affidavit: The undersigned hereby affirms under the penalties of perjury that I reside at and occupy the above residential property and that I am the owner or authorized operator of the vehicles listed herein. Applicant also agrees to be responsible for payment of any New Castle parking tickets issued to the plates listed above.

_____ _____
MUST BE APPLICANT'S SIGNATURE DATE

* * * *