2019-2020
RESIDENT METERED PERMIT APPLICATION

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

PLEASE PRINT

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

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 vehicle listed herein. Applicant also agrees to be responsible for payment of any New Castle parking tickets issued to the plate listed above. **Permits are not valid unless displayed.**

_____ _____
MUST BE APPLICANT'S SIGNATURE DATE

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