



OFFICE OF THE TOWN CLERK  
SYLVIA A. CABANA  
Town Clerk

One Washington Street Hempstead, NY 11550  
Tel: (516) 812-3513 email: commuterparking@tohmail.org

**ELMONT - Special Parking District**

I HEREBY CERTIFY THAT I RESIDE AT THE ADDRESS SET FORTH BELOW, THAT I AM THE OWNER OF THE MOTOR VEHICLE HEREIN AFTER DESCRIBED, AND THAT I MAKE AN APPLICATION FOR A PERMIT TO PARK SUCH MOTOR VEHICLE IN THE PERMITTED PARKING AREAS DESCRIBED IN SAID ORDINANCE OR RULES AND REGULATIONS WHEN SPACE THEREIN IS AVAILABLE. I SHALL NOT SELL, TRANSFER, LEND OR OTHERWISE FURNISH A PERMIT GRANTED HEREUNDER TO ANY PERSON OTHER THAN TO WHOM THE PERMIT WAS ISSUED.

Yr/ Make of Car:	Body Type:	License Plate No.:	Telephone No.:	*E-mail address:
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\*Your email address will solely be used for Town of Hempstead purposes.

*Please type or print clearly. Return all copies to address above*

Applicant's Name:		
Street Address:		
Town: <b>ELMONT</b>	Zip Code: <b>11003</b>	Guest Permits:

**Applicant's Signature**

Office Use Only

Permit #

Date Issued

Guest Permits

**Auto Registration with bar code must be enclosed (or copy)**

*Not responsible for cash sent through the mail*

Rev. 12/17

**LICENSE PERIOD APRIL 1 thru MARCH 31**

**ELMONT SPECIAL PARKING DISTRICT**  
*Instructions*

1. Please complete and sign this application.
2. Your vehicle registration with bar code or a copy must accompany this application. The registration will be returned with your parking permit.
- 3. Limit of Four (4) Guest Permits per household.**
4. As a convenience to our residents, mailed applications will be accepted. However, we cannot assume responsibility for any lost mail application.
- 5. Please enclose a return, stamped, self addressed envelope.**

Please mail back to:  
Sylvia A. Cabana, Town Clerk  
1 Washington Street  
Hempstead, NY 11550