

MUTTONTOWN POLICE DEPARTMENT PARKING PERMIT

Requested Parking Address: _____

Resident's Name: _____ Home #: _____ Cell #: _____

Date & Time of Event: _____, 20____ Time: _____ Estimated Number of Vehicles: _____

The following guidelines are established for the parking of vehicles at the above location:

- 1) Location: _____
- 2) Times: _____
- 3) Special Conditions: _____

Note: No parking 15' from any driveway entrance, 40' from any intersection, and no blocking fire hydrants. Only park on above noted side of roadway.

APPROVED: _____ DATE: _____, 20____
Officer's Signature Officer Print Name

Please note: The health and safety of your neighbors requires emergency vehicle access to their homes. Please ensure that your guests and service providers comply with the approved parking conditions. Kindly inform your guests of the parking restrictions prior to their arrival.

MUTTONTOWN POLICE DEPARTMENT, ONE 'RAZ' TAFURO WAY, MUTTONTOWN, NY 11791 TEL#516-364-3950