



TOWN OF BABYLON

Wyandanch Train Station

Commuter Parking Permit Application

Applicant Information:

Last Name: _____ First Name: _____ Date of Birth (mm/dd/yy): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home or Cell Phone _____ Business Phone _____

Email Address: _____

Vehicle Information:

License Plate No:	Year:	Make:	Model:	Color:

All applications must include copies of a **VALID DRIVERS LICENSE, VALID REGISTRATION, A UTILITY BILL OR 3 PIECES OF OTHER MAIL. ALL COPIES MUST MATCH THE NAME AND ADDRESS OF THE APPLICANT** as proof of residency and vehicle ownership. All presented document copies will be kept for filing purposes. You may also make copies of the above and mail to our office at the address below.

MAIL TO:

**Town of Babylon
Parking Permit Office
456 Albany Ave.
Amityville, NY 11701**

I certify that the information provided herein is true and correct. I also understand it is my responsibility to notify the Town of Babylon of any changes to my application information. I further understand that the Town of Babylon reserves the right to deny or revoke any parking permit obtained using false information.

Applicant Signature:

Date:

TOWN OFFICIAL USE ONLY

Permit #:	Date issued:	Office or Mail-in:	Authorized By:

