



Permit No. _____

Expiration Date _____

**TOWN OF LEWISBORO
PARKING PERMIT APPLICATION
SPRING STREET PARKING LOT**

Fee: \$75 Lewisboro resident

Non Resident Fee: \$150

Name _____

Address _____

Home telephone number/email address _____

Work telephone/email address _____

Vehicle identification:

Year/Make/Model _____ Color _____ License Plate No. _____

Year/Make/Model _____ Color _____ License Plate No. _____

Year/Make/Model _____ Color _____ License Plate No. _____

How often do you use the parking lot: ___ daily or ___ days per week or ___ days per month

OFFICE USE ONLY

Approved date: _____

Fee paid: _____

Mail application, check payable to "Town of Lewisboro" for appropriate fee, and self-addressed stamped envelope to:

Town Clerk, Town of Lewisboro, P. O. Box 500, South Salem, New York 10590