

Permit No. \_\_\_\_\_

Expiration Date \_\_\_\_\_

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

Fee: \$100 Lewisboro resident

\$200 Non-resident

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