



INCORPORATED VILLAGE OF PORT JEFFERSON

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Code Enforcement (631) 744-0066

www.portjeff.com

ON STREET PARKING APPLICATION

Date of Event: _____ Time of Event: _____ Approximate # of Cars: _____

Resident Name: _____

Address: _____

Home Phone #: _____ Cell Phone #: _____

I, _____, request that on-street parking be permitted at the location listed below for the purpose of: _____

I have been advised that parking will be authorized for one side of the street only and that vehicles blocking driveways, fire hydrants, crosswalks or other areas not designated as parking areas will receive summonses.

I further understand that this is a request and as such, may be denied should circumstances not warrant approval - i.e. safety concerns, in which case I will be notified via phone prior to my requested date.

Name of Streets the cars will be parking on:

Additional Information:

I understand that false statements made herein are punishable as a Class A misdemeanor pursuant to §210.45 of the New York State Penal Law. Read and acknowledged

Signature: _____