



TOWN OF ISLIP
Resident Parking Permit Application
Town Seasonal Permit

Last Name: _____
First Name: _____
Street: _____
City: _____
State: _____ Zip Code: _____
Phone: _____ Email Address: _____
Vehicle/Make/Model: _____
License Plate #: _____

*****FOR OFFICIAL USE ONLY*****

Date Issued: _____
Permit #: _____

To obtain a permit:

1. Complete the APPLICATION form. Submit the completed form together with a copy of your **license, valid registration.** Permit is non-transferable.
2. Display the permit by placing on a **VISIBLE** area on car. Not behind tinted windows. If the permit is not correctly displayed, a summons will be issued for unauthorized parking.
3. If your permit is lost or stolen please call **631-224-5372.**