



TOWN OF ISLIP

Resident Parking Permit Application

Last Name: _____
First Name: _____
Street: _____
City: _____
State: _____ Zip Code: _____
Phone: _____
Email: _____
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 and cover page of your lease**. The permit is non-transferable.
2. Display the permit by placing it on **Driver-Side rear bumper**. 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 **631-595-3840**.