

Village of Babylon
153 West Main Street
Babylon, New York 11702

RESERVED PARKING WAIT LIST

NAME: _____

ADDRESS: _____

HOME PHONE #: _____

WORK PHONE #: _____

EMAIL ADDRESS: _____

I hereby apply for reserved parking in the Village of Babylon, and acknowledge the following:

- a) I reside in the Village of Babylon.
- b) When reached for a reserved parking permit, I will provide all required documentation in support of residency containing the truthful and correct name and address of the applicant.
- c) Any false statements will result in the permit being revoked immediately.
- d) Any permit issued as a result of this application is subject to the provisions of the Village of Babylon Uniform Traffic Ordinance, and such rules and regulations pertaining there to as may be adopted by the Board of Trustees. I may be re-assigned to an area of reserved parking as designated by the Village.
- e) **Anticipated usage of a reserved parking space:**

___ 4-7 days a week ___ 2-3 days a week ___ 1 day a week ___ once a month

SIGNATURE OF APPLICANT _____