

PLEASE PRINT

LAST NAME: _____ FIRST NAME: _____ TEL: _____

ADDRESS: _____

MAILING ADDRESS (if different than above): _____

VEHICLE DESCRIPTION: YEAR _____ MAKE _____ MODEL _____

VEHICLE LIC PLATE#(REQUIRED) _____ STATE _____

Permit Fee.....\$40.00 Senior(65+).....NO CHARGE

1/2 Year(12/1-5/31).....\$20.00

Second Vehicle.....\$5.00

Yr. _____ Make _____ Model _____ Plate# _____

Mail To: Town of Gardiner, PO Box 1, Gardiner, NY 12525 Checks Payable To: Town of Gardiner

*** ENCLOSE A SELF ADDRESSED STAMPED ENVELOPE IF TO BE RETURNED BY MAIL**

Received by: _____ Date: _____ Permit: _____