



CITY OF JOHNSTOWN
 Office of the City Clerk
 PO Box 160, 33-41 East Main Street
 Johnstown, New York 12095
 (518) 736-4011

- OFFICE USE ONLY -	
Approved:	____/____/____
Permit #	____, 20____
Lot:	_____

WINTER PARKING APPLICATION / PERMIT

Permit is valid December 1, 2022 – April 1, 2023

LOCATION REQUESTED - Requested lot is not guaranteed. Permits are issued on a first come, first serve basis.

- W. Montgomery Street
 S. Market Street
 Senior Center
 City Hall
 W. Main Street

APPLICANT

Name: _____ Phone #: _____

Home Address: _____ Johnstown, New York

Email: _____

VEHICLE - ALL INFORMATION MUST BE PROVIDED

Year: _____ Make: _____ Model: _____ Color: _____

Plate #: _____

ACKNOWLEDGEMENT

I hereby agree and acknowledge that I have read the foregoing parking permit Terms and Conditions. I fully understand the terms and conditions contained in it and that I have been given the opportunity to review this parking permit with an attorney of my own choosing before signing it. I further understand that I am giving up my right to sue the City of Johnstown, its employees and agents for negligence in the maintenance and operation of this parking lot. I agree that if I invite or bring any person onto said parking lot, because my car is parked there, that I shall be responsible if they are injured or their property is damaged. I have agreed to these terms and conditions in consideration of obtaining this parking permit.

Dated: ____/____/____

Applicant Signature

PERMIT APPROVAL - OFFICE USE ONLY

The City of Johnstown hereby grants permission for this vehicle to be parked in the approved designated parking lot during the hours of 6:00 p.m. to 8:00 a.m., subject to the terms and conditions provided. **Vehicle must be moved by 8:00 a.m. VIOLATORS WILL BE TOWED AND / OR HAVE THEIR PERMIT REVOKED.**

Clerk's Office: _____ Dated: _____