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|  | CITY OF JOHNSTOWNOffice of the City ClerkPO Box 160, 33-41 East Main StreetJohnstown, New York 12095(518) 736-4011 | **- OFFICE USE ONLY -** |
| Approved:  | \_\_\_\_/\_\_\_/\_\_\_\_\_ |
| Permit # \_\_\_\_, 20\_\_\_Lot: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

WINTER PARKING APPLICATION / PERMIT

**Permit is valid December 1, 2023 – April 1, 2024**

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| **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 |

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| **APPLICANT**  |
| Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Johnstown, New YorkEmail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **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

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| **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. VIOLATERS WILL BE TOWED AND / OR HAVE THEIR PERMIT REVOKED**.  |
| Clerk’s Office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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