



IMPORTANT: USE THIS FORM ONLY WHEN PRIM

TATION IS NOT REGISTERED IN THE RESIDENT'S NAME

City of Albany
City Clerk's Office
24 Eagle Street, City Hall, Room 202
Albany, NY 12207
Office: 518-434-5090 Fax: 518-434-5081

Vehicle Affidavit

Generally, the parking permit applicant is not only a resident of the Residential Permit Parking District, but also the registered owner of the vehicle for which the permit is issued. If the applicant is **NOT** the registered owner of the vehicle, then it must be demonstrated to this office that the vehicle is under the complete control of the applicant. The objective of this procedure is to assure that each resident is able to secure a parking permit for that vehicle which is serving as the applicant's primary transportation. In the event that the information provided on this affidavit does not satisfactorily demonstrate to this office that the vehicle is, in fact, under the applicant's sole control, the applicant may be required to furnish such proof of that control as this office may deem necessary; until such time as that proof has been presented to this office, no permit shall be issued for that vehicle.

PLEASE PRINT THE FOLLOWING INFORMATION:

RESIDENT'S NAME: _____

ADDRESS IN PERMIT AREA: _____
(NUMBER) (STREET) (APT #)

VEHICLE OWNER'S NAME: _____

RELATIONSHIP TO RESIDENT: _____

ADDRESS OF VEHICLE OWNER: _____
(#) (STREET) (APT #)
(CITY) (STATE) (ZIP CODE)

VEHICLE OWNER'S TELEPHONE NUMBER () _____

VEHICLE LICENSE PLATE NUMBER: _____

STATE REGISTRATION ISSUED BY: _____

READ THE FOLLOWING CAREFULLY BEFORE SIGNING AFFIDAVIT:

This vehicle has been assigned to me by the registered owner for my personal use. The vehicle is under my sole and complete control and is to be used by no other person. I certify under penalty of perjury that the above statements are true.

(Signature) (Date) Zone/Permit Area Clerk's Initial