

TRUSTEES OFFICE

LOCATION:

240 West Montauk Highway
Hampton Bays, NY 11946

MAILING ADDRESS:

240 W.Montauk Hwy
Hampton Bays, NY 11946



CP-10782 (03/26)

WWW.SOUTHAMPTONTOWNNY.GOV/TRUSTEES

PHONE: 631 287-5717

FAX: 631 287-5723

BOARD OF TRUSTEES

OF THE FREEHOLDERS AND COMMONALTY OF THE TOWN OF SOUTHAMPTON

Lake Agawam Parking Permit Application

Between May 15th and September 15th Lake Agawam Parking Lot requires a Trustees' Lake Agawam Parking Permit. SEASONAL PERMITS ARE VALID FOR THE CALENDAR YEAR IN WHICH IT IS ISSUED.

Resident/Taxpayer Residency Requirements:

- Current VEHICLE registration (name on the vehicle registration must match proof of residency)
* If the registration is in a business name or corporation, please provide us with a credit card with the resident's name and the business name, a check with the resident's name and the business name or a notarized letter on the businesses letterhead giving the resident permission to use the company's vehicle.
* If you have a temporary registration, provide a copy of the temporary registration and a copy of your current vehicle insurance.
Please provide ONE of the following residency requirements:
1. Driver's license with a Town of Southampton Street Address
2. A current tax bill with the applicant's name listed in the owner's box
* If the tax bill is in a corporation or LLC, please supply Articles of Incorporation or LLC documentation
* If the tax bill is in your spouse's name, please include a copy of your marriage certificate
3. Three (3) utility bills service to a street address in the township
* One current, one from six months ago, and one from a year ago

Non-Resident Requirements:

- Current VEHICLE registration
* If you have a temporary registration, provide a copy of the temporary registration and a copy of your current vehicle insurance.

If paying by check, please make check payable to: Southampton Town Trustees

LAKE AGAWAM PERMIT TYPE (PLEASE CHECK ONE):

- Resident/Taxpayer Seasonal Permit Non- Refundable Fee: \$200.00
Non-Resident Seasonal Permit Non- Refundable Fee: \$300.00
REPLACEMENT PERMIT Fee: \$20.00
Daily (*Not available online*) Non- Refundable Fee: \$50.00

APPLICANT'S INFORMATION:

Name (Print):
Phone #: Alt. Phone #:
E-mail:
Southampton Town Street Address:

Mailing Address (if different from above):

VEHICLE INFORMATION:

Make: Model:
Color: Year: Plate:

False statements made herein are punishable as a class A Misdemeanor pursuant to Section 210.45 of the New York State Penal Law.
Date:

