



TOWN OF RAMAPO

237 Route 59 Suffern, New York 10901
(845) 357-5100 Fax: (845) 357-8513

CHRISTIAN G. SAMPSON
Town Clerk
Registrar Of Vital Statistics

For Office Use Only

Date Permit Commences: _____

Date Permit Expires: NOVEMBER 14, 200

APPLICATION FOR SNOWPLOWING PERMIT

VEHICLE OWNER'S: _____

BUSINESS ADDRESS & PHONE NUMBER: _____

HOME ADDRESS & PHONE NUMBER (If Different): _____

Description of Vehicle – (*MUST provide photocopies of vehicle registration, vehicle insurance card and driver's license of each vehicle operator):

MAKE, YEAR, TYPE & COLOR: _____

VEHICLE REGISTRATION NUMBER: _____ LIC. PLATE: _____

VEHICLE INSURANCE POLICY: # _____ INSURER: _____

WILL YOU BE OPERATING THE VEHICLE YOURSELF? Yes No

IF YES, PROVIDE DRIVER'S LICENSE NUMBER: _____

PROVIDE OPERATOR'S NAME & DRIVER'S LICENSE NUMBER OF OTHER OPERATORS:

*Applicant shall submit evidence of auto and/or truck liability insurance in a form and manner satisfactory to the Town Attorney. A photocopy of a current valid insurance card shall be sufficient.

The undersigned affirms the truth to the statement contained herein under the penalties of perjury pursuant to Section 210.45 of the penal law.

Signature of Applicant

Print Name of Applicant

Section 210.45 - Making a punishable false written statement: A person is guilty of making a punishable false written statement when he knowingly makes a false statement, which he does not believe to be true, in a written instrument bearing a legally authorized form notice to the effect that false statements made therein are punishable. Making a punishable false written statement is a Class-A Misdemeanor.

Price per vehicle \$25.00