

TOWN OF RAMAPO

237 Route 59, Suffern, NY 10901 (845) 357-5100 Fax: (845) 357-8513 For Office Use Only

Permit Commences: Permit Expires: 12/31/2020

SNOWPLOWING PERMIT APPLICATION

VEHICLE OWNER:		
BUSINESS ADDRESS:		
BUSINESS PHONE #:		
HOME ADDRESS:		
HOME PHONE #:		
	DESCRIPTION	OF VEHICLES
MAKE, YEAR, MODEL	& COLOR:	
REGISTRATION #:		LIC PLATE #:
INSURANCE POLICY #:		INSURER:
MAKE, YEAR, MODEL	& COLOR:	
REGISTRATION #:		LIC PLATE #:
INSURANCE POLICY #:		INSURER:
MANUE VEAD MODEL	9. COLOR:	
MAKE, YEAR, MODEL	& COLOR:	LIO DI ATE II
REGISTRATION #:		LIC PLATE #:
INSURANCE POLICY #:		INSURER:
	VEHICLE O	PERATORS
NAME		DRIVER'S LICENSE NUMBER
*Applicant shall submit evidence photocopy of a current valid insu	-	rance in a form and manner satisfactory to the Town Attorney. A
The undersigned affirms the trut penal law.	h to the statement contained herei	in under the penalties of perjury pursuant to Section 210.45 of the
Signature of Applicant		Sharon M. Osherovitz
Section 210.45 - Making a nu	nishable false written statemen	Town Clerk t: A person is guilty of making a punishable false written
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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.