



**Town of Old Lyme
2023 Parking Pass Application**

Date: _____

Full Name: _____

Old Lyme Address: _____

Phone: _____

You must be an Old Lyme taxpayer in order to receive a Parking Pass. Proof of Residency (*select one*):

Valid Car Registration Showing Old Lyme Address Recent Old Lyme Tax Bill

Mailing Address (if different from above): _____

Email Address: _____

Please acknowledge the following:

- I attest that I am a resident of Old Lyme.**
- I acknowledge that parking passes are available for **Old Lyme residents only** and **cannot be transferred** to a non-resident.
- I understand **my payment is nonrefundable.**

You may purchase a maximum of two passes per address.

Fees: One parking pass at \$30, an additional \$45 for a second parking pass totaling \$75

I am purchasing:

- One parking pass (\$30)
- Two parking passes (\$75)

Please return your completed form with the following enclosed:

- 1) a check payable to the Town of Old Lyme
- 2) a copy of your proof of residency
- 3) a self-addressed stamped envelope

We will mail your parking pass(es) to the mailing address provided on the envelope.

Mail to or deliver in person through the mail slot at Town Hall:
Town of Old Lyme - First Selectman's Office
ATTN: Parking Passes
52 Lyme Street
Old Lyme, CT 06371