



# Garage Sale Permit Application

Return to: Town Clerk  
Town of Wappinger  
20 Middlebush Rd.  
Wappingers Falls, NY 12590

Name: \_\_\_\_\_  
(Last) (First) (MI)

Address: \_\_\_\_\_  
(Street Address)

Wappingers Falls, NY 12590  
(City) (ST) (Zip)

Phone: ( ) - .

Address of Sale: \_\_\_\_\_  
(If different from above) (Street Address)

Wappingers Falls, NY 12590  
(City) (ST) (Zip)

Date of Sale: \_\_\_\_\_ From: \_\_\_\_\_ (am/pm) until \_\_\_\_\_ (am/pm)  
(Day One) (Time Begin) (Time End)

\_\_\_\_\_ From: \_\_\_\_\_ (am/pm) until \_\_\_\_\_ (am/pm)  
(Day Two) (Time Begin) (Time End)

\_\_\_\_\_ From: \_\_\_\_\_ (am/pm) until \_\_\_\_\_ (am/pm)  
(Day Three) (Time Begin) (Time End)

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

## FOR INTERNAL USE ONLY

Received by: Joseph P. Paoloni   
Lori McConologue   
Grace Robinson

Date Received: \_\_\_ / \_\_\_ / \_\_\_

Serial #: \_\_\_\_\_