



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: Christine Fulton
Jessica Fulton

Date Received: ___ / ___ / ___

Serial #: _____