



TOWN OF ISLIP **DEPARTMENT OF PARKS, RECREATION & CULTURAL AFFAIRS**

50 IRISH LANE, EAST ISLIP NY 11730

PHONE (631) 224-5335

Hearing Impaired (631) 224-5397

Angie M. Carpenter, Supervisor

Thomas Owens, Commissioner

Dear Parking Permit Holder:

Attached please find an affidavit to verify that your New York State Disabled Parking Permit was stolen, lost or misplaced. Please do not sign this form until you have a Notary Public to witness your signature. If you have moved or changed your name, please include any **change in information** on the form. You must obtain a **police report** from your local police precinct verifying that your permit was stolen, lost or misplaced.

You should be able to locate a Notary Public at your local library, bank, attorney's office, insurance office, etc.

Please mail your **notarized** request back to this office with the **police report and a copy of your Driver's License**. All completed requests will be processed and a replacement Disabled Parking Permit will be sent to you in the mail as soon as possible

If you have any questions regarding this form, please feel free to contact the office at 631-224-5335 (Voice) or (631) 224-5397 (Hearing Impaired).

Sincerely,

Disabled Parking Permit Office

FOR OFFICE USE ONLY

Lost/Stolen Permit #: _____

Replaced with Permit #: _____

Exp. Date: _____

Diagnosis: _____

DRIVER'S LICENSE # _____
NON-DRIVER'S ID # _____

THIS AFFIDAVIT IS SUBMITTED IN SUPPORT OF MY REQUEST FOR THE REPLACEMENT OF MY New York STATE PARKING PERMIT FOR A PERSON WITH A DISABILITY. ANY FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS "A" MISDEMEANOR PURSUANT TO PENAL LAW § 210.45 AND VEHICLE AND TRAFFIC LAW §1203-1(4) OF THE STATE OF NEW YORK AND WILL RESULT IN THE IMMEDIATE REVOCATION OF SAID PERMIT. PERMIT SHALL BE FOR USE EXCLUSIVELY IN A VEHICLE IN WHICH THE PERSON TO WHOM IT HAS BEEN ISSUED IS BEING TRANSPORTED AND SUCH PERMIT SHALL NOT BE TRANSFERABLE AND SHALL BE FORFEITED IF PRESENTED BY ANY OTHER PERSON. ANY ABUSE BY ANY PERSON, FACILITY OR AGENCY TO WHOM SUCH A PERMIT HAS BEEN ISSUED OF ANY PRIVILEGE, BENEFIT, PRECEDENCE OR CONSIDERATION GRANTED PURSUANT TO THE ISSUANCE OF SUCH PERMIT, SHALL BE SUFFICIENT CAUSE FOR REVOCATION OF SAID PERMIT. Please enclose a copy of your driver's license. §1203-c (ii)

I, _____ (**Print Full Name**)

RESIDING AT _____

Date of Birth: _____ Current Phone #: _____

Prior Address (if applicable)

BEING DULY SWORN, DEPOSE AND SAY THAT I SUBMITTED AN APPLICATION FOR A NEW YORK STATE PARKING PERMIT FOR PERSONS WITH DISABILITIES

MY DISABILITY IS (**Please check one**) Permanent Temporary

PLEASE REPLACE PP DUE TO THE FOLLOWING: (Please check appropriate statement)

- Permit was never received in the mail
- Permit is presumed lost as of _____
- Permit was stolen on _____

*****IF SAID PERMIT IS RECOVERED AT LATER DATE, I SHALL RETURN IT TO THE DIVISION OF SERVICES TO THE DISABLED******

Sworn before me this

Signature of applicant

Date