



TOWN OF ISLIP DEPARTMENT OF PARKS, RECREATION & CULTURAL AFFAIRS

50 IRISH LANE EAST ISLIP, NY 11730 PHONE (631) 224-5335 TTY (631) 224-5397 FAX (631) 224-5638

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 request back to this office with the **police report and a copy of your driver's license**. You will receive your replacement permit in the mail as soon as possible. All completed requests will be processed and a replacement Disabled Parking Permit will be sent to you in the mail.

If you have any questions regarding this form, please feel free to contact us at 631-224-5335 (voice) or (631) 224-5397 (TTY).

Sincerely,

Disabled Services

Angie M. Carpenter, Supervisor

Thomas Owen, Commissioner

FOR OFFICE USE ONLY

Lost/Stolen Permit #: _____

Replaced with Permit #: _____

Exp. Date: _____ Diagnosis Code: _____

DRIVER'S LICENSE# _____

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 you drivers' 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 DUE TO THE FOLLOWING CIRCUMSTANCE:

(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****

Signature of applicant
Sworn before me this

Date Signed