



TOWN OF ISLIP DEPARTMENT OF PARKS, RECREATION & CULTURAL AFFAIRS
50 IRISH LANE • EAST ISLIP, NEW YORK 11730-2098
Disabled Parking Division • (631) 224-5335

Dear Parking Permit Holder:

Attached please find an affidavit along with the NYS police form. These forms need to be completed (by your local police precinct) and notarized to verify that your disabled parking permit was lost, stolen or never received. Please do not sign this form until you have a Notary Public to witness your signature.

Please submit by mail or in person the completed forms along with a copy of your driver's license and one piece of official mail dated within the last six (6) months to the above address.

If you have any questions regarding this form, please feel free to contact the office at 631-224-5335.

Sincerely,

Disabled Parking Permit Issuance Office

Attachment



REPORT OF LOST OR STOLEN HANDICAP PARKING PERMIT

(Please check one)

Permanent Temporary

1st Offense Date _____ 2nd Offense Date _____ 3rd Offense Date _____

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

- Permit was never received – mailed out _____
- Permit is presumed lost as of _____
- Permit was stolen on _____

IF SAID PERMIT IS RECOVERED AT LATER DATE, I SHALL RETURN IT TO THE DISABLED PARKING PERMIT ISSUANCE OFFICE.

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

NAME: _____

D/O/B: _____ / _____ / _____

ADDRESS: _____

PHONE #: _____ - _____ - _____

X

 Signature of Applicant

Sworn before me this _____ day of _____, _____ by _____
 Name of Signer

X

 Signature of Notary Public

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. §1203-c (ii)

Issuing Agent Use Only:

Lost/Stolen Permit #: _____ Issued Date: _____ / _____ / _____ Exp. Date: _____ / _____

Replacement Permit #: _____ Exp. Date: _____ / _____

Diagnosis: _____

Driver's License # _____ - _____ - _____ Exp. Date _____ / _____ / _____

Issuing Agent: _____ BAS: _____



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REPORT OF LOST OR STOLEN HANDICAP PARKING PERMIT

Parking Permit Holder Information:

Name: _____

Address: _____

_____-_____-_____
NYS Driver License/ID Card Number (if any):

_____/_____/_____
Exp. Date:

Lost or Stolen Parking Permit Information:

Date Permit was: Lost/Stolen: ____/____/____ Permanent ____ Temporary ____

Date Issued: ____/____/____ Parking Permit #: _____ Exp. Date: ____/____

Police Information:

Police Precinct: _____

Precinct Address: _____

Signature of Officer:

Rank & Shield: