Please return completed, notarized affidavit to:
ANDREW P. RAIA, TOWN CLERK
TOWN OF HUNTINGTON
100 MAIN STREET
HUNTINGTON NY 11743
(631) 351-3206

FOR OFFICE USE ONLY
LOST/STOLEN
PERMIT NO. _____
DATE REPORTED _____
RPLC W/# _____
1 2 3 4 5

THIS AFFIDAVIT IS SUBMITTED IN SUPPORT OF MY REQUEST FOR THE <u>REPLACEMENT OF MY NEW YORK STATE PARKING PERMIT FOR PERSONS WITH SEVERE DISABILITIES</u>. ANY FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS "A" MISDEMEANOR PURSUANT TO PENAL LAW §210.45 AND VEHICLE AND TRAFFIC LAW §1203-A(4) OF THE STATE OF NEW YORK AND WILL RESULT IN THE IMMEDIATE REVOCATION OF SAID PERMIT.

STATE OF NEW YORK)
) ss:
COUNTY OF SUFFOLK)

I, _____ RESIDING AT
(PRINT FULL NAME)

_____
(PRINT CURRENT RESIDENCE ADDRESS)

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

THE PERMIT MUST BE REPLACED DUE TO THE FOLLOWING CIRCUMSTANCE:
(Please check appropriate statement)

☐ *Permit #_____ issued on_____ was never received in the mail
☐ *Permit #_____ issued on_____ is presumed lost as of _____
☐ *Permit #_____ issued on_____ was stolen on _____
☐ Permit #_____ issued on_____ is worn out

***<u>IF SAID PERMIT IS RECOVERED AT A LATER DATE, I SHALL RETURN IT TO THE TOWN CLERK'S OFFICE</u>.**

_____
(Signature of Applicant or Authorized Representative)

Sworn to before me this _____
day of _____ _____

_____
(Date Signed)

_____
Notary Public

REV. 12/19