

**TOWN OF HUNTINGTON**  
*Department of Human Services*  
*Handicap Services*  
**423 Park Avenue, Room 203, Huntington, New York 11743**  
**631-446-3725**

*Edmund J. Smyth, Supervisor*

*Dr. Dave Bennardo*  
Councilman

*Salvatore Ferro*  
Councilman

*Brooke Lupinacci*  
Councilwoman

*Theresa Mari*  
Councilwoman

**SENIOR CITIZEN BEACH PASS APPLICATION FOR PERSONS WITH CAREGIVER**

NAME OF RESIDENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE # \_\_\_\_\_ CELL # \_\_\_\_\_

ARE YOU A RESIDENT OF THE TOWN OF HUNTINGTON: YES:\_\_\_\_\_ NO:\_\_\_\_\_

NAME OF CAREGIVER: \_\_\_\_\_

ADDRESS OF CAREGIVER: \_\_\_\_\_

LICENSE PLATE # \_\_\_\_\_

I hereby certify that the information contained herein is a true and accurate statement. I authorize the Town of Huntington to verify any and all information listed herein.

SIGNATURE OF RESIDENT: \_\_\_\_\_

SIGNATURE OF CAREGIVER: \_\_\_\_\_

**YOU MUST SUBMIT A PHOTO COPY OF THE RESIDENT'S ID**  
**AND A COPY OF THE CAREGIVER DRIVER'S LICENSE.**

**MAIL TO:**  
**TOWN OF HUNTINGTON, HANDICAP SERVICES, 423 PARK AVE. ROOM 205**  
**HUNTINGTON, N.Y. 11743**