

**TOWN OF HUNTINGTON**

**Department of Human Services**

**Handicap Services**

**423 Park Avenue, Room 205, Huntington, New York 11743**

**631-446-3726**

**Edmund J. Smyth, Supervisor**

**Dr. Dave Bennardo**  
Councilman

**Salvatore Ferro**  
Councilman

**Brooke Lupinacci**  
Councilwoman

**Theresa Mari**  
Councilwoman

**BEACH PASS APPLICATION**  
**FOR PERSONS WITH DISABILITIES WHO NEED A CAREGIVER**  
**TO TRANSPORT THEM TO THE BEACH**

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

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

TELEPHONE #: \_\_\_\_\_ CELLULAR: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

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

NAME OF CAREGIVER: \_\_\_\_\_ LICENSE PLATE #: \_\_\_\_\_

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

TELEPHONE # OF CAREGIVER: \_\_\_\_\_

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: \_\_\_\_\_ DATE: \_\_\_\_\_

***Depending on what car you are using (the resident's or the caregiver's) you must submit a photo copy of Driver's License and Vehicle's Registration of both the resident and caregiver.***

**Mail to:**

**Town of Huntington, Handicap Services, 423 Park Ave. Room 205,  
Huntington, New York 11743**