



MATT DWYER
DIRECTOR

Office for the Physically Challenged
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HANDICAPPED PARKING PERMIT – LOST AFFIDAVIT FORM

Police Incident Report Number: _____

Thank you for reporting that your New York State Handicapped Parking Permit is Lost / Stolen.
Please note that the permit holder must file an Incident Report with the Police Department.
Return a copy of the police incident report or case number along with this completed form.

“Please print clearly”.

****FALSE STATEMENTS ARE PUNISHABLE UNDER SECTION 210.45 OF THE PENAL LAW****

Please check one: Lost _____ Stolen _____ Never Received _____

PRINT:

Name of Disabled **PERMIT HOLDER** _____

ADDRESS _____ PHONE NO. _____

_____ DATE OF BIRTH _____

DRIVERS LICENSE OR NON-DRIVERS LICENSE ID NUMBER _____

I hereby certify that I am reporting my New York State Handicapped Parking Permit as LOST / STOLEN to the Nassau County Office for the Physically Challenged. I further agree that if that permit is found or returned to me, I will not use that permit but return it to the office immediately.

Date

Signature of Permit Holder

****PLEASE ENCLOSE A SELF-ADDRESSED, #10 LEGAL, BUSINESS SIZE ENVELOPE****

For Office Use Only

LOST/STOLEN PERMIT NO. _____ Expiration Date _____

New Permit No. _____ Date Issued _____ Expiration Date _____