MAYOR
PAUL V. PONTIERI, JR.
DEPUTY MAYOR
JOHN A. KRIEGER
VILLAGE CLERK
PATRICIA M. SEAL



TRUSTEES
GERARD J. CREAN
JOSEPH E. KEYES, JR.
LORI B. DEVLIN
WILLIAM HILTON
THOMAS E. FERB

VILLAGE OF PATCHOGUE

	ICATION FOR DISAL	BLED/HANDICAP	PED PARKIN	NG PERMIT	1. PERMIT NUMBER:	
					2.EXPIRATION DATE:	
	PLEASE T	YPE OR PRINT CL.	EARLY		3. ID SHOWN	
	PART 1: TO BE COM	MPLETED BY APPI	LICANT OR P	ARENT / GUAI	RDIAN IF MINOR	
4. DATE	5.	New Applican	nt or [Renewal	6. PRIOR PERMIT NUM	BER
7. NAME	LAST	FIRST	et.	MIDDLE	8. TELEPHONE	
9. ADDRESS	NUMBER & STREET		TOWN	1	STATE	ZIP
9. MAILING ADDRE	SS (IF DIFFERENT FROM ABOVE)	NUMBER & STREET	TOWN	1.	STATE	ZIP
10. DATE OF BIRTH		11		12. SIGNATURE O	DF APPLICANT	
		Male	Female			
	HAVE A DRIVERS LICENSE OR VERS ID CARD YES NO	IF YES, PLEAE SEND COPY	OF SAME	If signed by parent or gu with the disability after y	ardian, please state your relationship our signature	to the person
	-	DADT 2. TO BE CO	MDI ETED DV	DIIVCICIAN		
13. NAME OF PHYS		PART 2: TO BE COM	14. LICENSE NUMBE		15. TELEPHONE	
16 ADDDECC	NUMBER & CTREET		TOWN		CTATE	ZID
16. ADDRESS	NUMBER & STREET		TOWN		STATE	ZIP
16. ADDRESS 17. NAME OF DISAE			TOWN		STATE	ZIP
	BLED PERSON		TOWN		STATE	ZIP
17. NAME OF DISAR 18. MEDICAL CERT This section mu condition which cause difficulty	SLED PERSON IFICATION st be completed by a Medical D necessitates the above granted in ambulation.	l a disabled parking permi	eopathy (DO) or D	Doctor of Podiatric N	Medicine (DPM). Indicate	below the
17. NAME OF DISAR 18. MEDICAL CERT This section mu condition which cause difficulty	SLED PERSON IFICATION st be completed by a Medical D necessitates the above granted	l a disabled parking permi	eopathy (DO) or D	Doctor of Podiatric N	Medicine (DPM). Indicate	below the
17. NAME OF DISAE 18. MEDICAL CERT This section mu condition which cause difficulty 19. DIAGNOSIS – DO	SLED PERSON IFICATION st be completed by a Medical D necessitates the above granted in ambulation.	l a disabled parking permi	eopathy (DO) or E t, if this condition	Doctor of Podiatric N	Medicine (DPM). Indicate	below the
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HANDICAPPED PARKING PERMIT APPLICATION PROCEDURE

If you are a resident of the Village of Patchogue, you can obtain an application for a permanent or temporary handicapped parking permit from the Village Clerk's Office at 14 Baker Street, Patchogue. Persons not living in the Village of Patchogue must go to the Town of Brookhaven or to the Township in which they reside.

NEW PERMITS

Part I of the application is to be filled out and signed by the applicant. If your mail is delivered to a P.O. Box, you must also include your street address on the application. BRING YOUR NEW YORK STATE DRIVER'S LICENSE OR NON-DRIVER ID (OUT OF STATE DRIVER'S LICENSE IS UNACCEPTABLE) IF IT DOES NOT SHOW YOUR CURRENT PHYSICAL ADDRESS, YOU MUST ALSO BRING A UTILITY BILL, BANK STATEMENT, OR CREDIT CARD STATEMENT TO PROVE YOUR PHYSICAL ADDRESS. A P.O. BOX DOES NOT PROVE RESIDENCY. Part II of the application must be completed (including diagnosis and professional license number) and signed by your physical (MD, DO, NP or DPM). Chiropractors (DC) and Physician Assistants (PA) are not considered "physicians" under the Vehicle and traffic Law, Sec. 1203.

You may return the application in person or by mail (**NO FAX COPIES OR PHOTOCOPIES**) to the address listed on the bottom of the application. If someone other than the applicant brings in the application, they must provide all the documentation as listed above. Mail is processed promptly and you will receive your permit within a few days.

RENEWAL PERMITS

If renewing a permit, the expiring permit <u>MUST BE RETURNED</u>. Part I of the application must be completed and signed by applicant. Part I and II must be completed for temporary permit renewal. If your permit has expired for more than a month, follow instructions for new permits. If your permit was issued from another municipality, you must file an application as a new resident.

LOST OR STOLEN PERMITS

If your permit was lost or stolen, you must sign a sworn affidavit, have it notarize and pay a \$2.00 fee. You must also compete and sign Part I of the permit application and submit your ID.

The affidavit mentioned above states that you would be issued **ONE** (1) **replacement tag.** If the replacement tag is lost or stolen the Village Clerk's Office **WILL NOT ISSUE YOU ANOTHER TAG.** You will have the option of going to the Department of Motor Vehicles for plates or returning to your doctor for a newly completed and signed form.

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LOST OR STOLEN HANDICAPPED PARKING PERMIT AFFIDAVIT

	PERMIT:		
First Name	Middle	Last Name	
	Address		
	Address		
Have had my assigned Handiag	onned Parking Parmit either	lost or stolen, I acknowledge that	
I will not be issued any future	11		
1 will not be issued they future	replacement manareappea pe	arking permitte.	
I will have the option of requ	esting car plates from the I	Department of Motor Vehicles of	
		ompleted and signed by the doctor	
verifying that I am still in the near		mproted and signed by the dock	
	or or mg.		
* Please note. If you lose the r	renlacement Handicanned Per	rmit after seeing the doctor for th	
second time, the Village Clerk w			
second time, the vinage cierk w	in no longer issue another rep	nacement.	
		Signature	
		Signature	
Sworn to before me this			
5 NO. 12 TO 501920 1110 11115			
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