



MAYOR  
 PAUL V. PONTIERI, JR.  
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 SUSAN BRINKMAN  
 LIZBETH CARRILLO  
 THOMAS E. FERB  
 JOSEPH E. KEYES, JR.  
 PATRICK MCHEFFEY

# INCORPORATED VILLAGE OF PATCHOGUE

## APPLICATION FOR PARKING PERMIT FOR PERSONS WITH DISABILITIES

PERMIT NUMBER:

EXPIRATION DATE:

ID SHOWN:

Please type or print clearly

### PART 1: TO BE COMPLETED BY APPLICANT OR PARENT / GUARDIAN IF MINOR

DATE	NEW APPLICANT or RENEWAL	
NAME	TELEPHONE	
ADDRESS		
MAILING ADDRESS IF DIFFERENT		
DATE OF BIRTH	MALE FEMALE	SIGNATURE OF APPLICANT

Do you have a driver's license or non-driver's ID card  
 Yes \_\_\_ No \_\_\_

If signed by parent or guardian please state  
 your relationship to the person with disabilities.

### PART 2: TO BE COMPLETED BY PHYSICIAN

NAME OF PHYSICIAN	LICENSE NUMBER	TELEPHONE
ADDRESS		
NAME OF DISABLED PERSON		
MEDICAL CERTIFICATION		
DIAGNOSIS		
LIMITATIONS/HARDSHIP		
PLEASE CERTIFY IF THE PATIENT'S DISABILITY IS PERMANENT OR TEMPORARY  PERMANENT                      TEMPORARY		IF TEMPORARY, EXPECTED RECOVERY DATE
PERMANENT DISABILITY  Uses portable oxygen      Limited or no use of one or both legs      Unable to walk 200 feet without stopping      Legally blind Neuromuscular dysfunction      Class III or IV cardiac condition      Has a physical or mental impairment or condition not listed above which constitutes an equal degree of disability      Restricted by lung disease to such an extent that forced expiratory volume for one second, when measured by spirometry, is less than one liter, or the arterial oxygen tension is less than sixty mm/hg of room air at rest.		
SIGNATURE OF PHYSICIAN – SIGNATURE STAMPS NOT ACCEPTABLE		DATE