MAYOR
PAUL V. PONTIERI, JR.
DEPUTY MAYOR
JOHN A. KRIEGER
VILLAGE CLERK
LORI B. DEVLIN

INCORPORATED
VILLAGE OF PATCHOGUE

TRUSTEES
SUSAN BRINKMAN
LIZBETH CARRILLO
THOMAS E. FERB
JOSEPH E. KEYES, JR.
PATRICK MCHEFFEY

AFFIDAVIT FOR LOST OR STOLEN PERSONS WITH DISABILITIES PARKING PERMIT

PARKING PERMIT # _____

I, _____ of
FIRST MIDDLE LAST

_____
STREET ADDRESS

Have had my assigned Parking Permit for Persons with Disabilities either lost or stolen. I acknowledge that I will not be issued any future replacement parking permits.

I will have the option of requesting car plates from the Department of Motor Vehicles or returning to my doctor for a new application that will be completed and signed by the doctor verifying that I am still in need of the Parking Permit.

If I lose the replacement Parking Permit after seeing the doctor for a second time, the Village Clerk will no longer issue another replacement.

_____
Signature

Sworn to before me this

_____ Day of _____, 20_____

_____
Notary Public