



To Report a Never-Received Permit

(Please **print** or **type** the information requested)

Permit Holder's Name: _____
(Person with the disability)

Permit Holder's Date of Birth _____

Address _____

Telephone # _____

Permit Type? City _____ State _____
(Rectangle/Dashboard) (Blue or red hangtag/Rearview mirror)

Permit #(s) if known _____
City # State #

If the permit was issued by this office but you never received it in the mail, please make sure that the address you give above is complete (including apartment number, if any), indicate if it is a new or corrected address, and return this form to the Parking Permits for People with Disabilities (PPPD) Unit at the address listed above in the right hand corner.

I declare, under penalties of the penal law Section 210.45, that the statements contained herein are, to the best of my knowledge and belief, true and correct and that I have not knowingly and willfully made a false statement or given information which I know to be false. Making a punishable false written statement is a Class A misdemeanor.

(Please note that your signature must be notarized. Sign only in the presence of a Notary Public.)

Permit Holder's Signature

_____ Date signed: ____ / ____ / ____
(Person with the disability or guardian)