



Change of Address Request Form

I _____ request to update my records as follows:

City Permit #: _____ State Permit #: _____

Check here if you have both a City and State Parking Permit for People with Disabilities

Previous Home Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Current Home Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Please check your preferred method of contact below:

Home Phone Number: _____ Mobile Device Number: _____

Email address _____

Please provide any two (2) documents from the list below, as proof of new residence. All documents must be in the applicant's name, be dated within the last 90 days, and have account numbers and account balances crossed out. All documents must be mailed in or brought in with the application

- Utility Bills (Electricity, Gas, Water, Oil)
Telecommunications Bills (Telephone, Mobile Device, Cable or Satellite Television)
Residence (Home Mortgage Statement, Lease Agreement, NYCHA Rent Receipt, United States Postal Service Address Verification Letter)
Banking/Credit Card Statements (Banks, Credit Cards, Major Store Cards)
Social Security Award Letter

I declare this information provided is correct and I give NYCDOT Permits & Customer Service the right to make the request for address change for their records.

Signature of Person with the Disability

Date: ___/___/___

(If Driver's License or Non-Driver's ID indicates "Unable to Sign", please leave blank. Parent or guardian may sign for a minor child)

Please note: If the Permit Holder is a minor, two proofs of residence in parent(s) or guardian(s) name are acceptable. Proof of residence from a nursing home/assisted living facility or letter indicating school attendance is also accepted as sole verification.

For Official Use Only
City State
Address verified