Damaged Permit Form

Please Print					
Permit Holder's Name:			Date of Birth	ı:	
Home Address:			Apartment#		
City:		_ State:	Zip Code:		
Home Telephone #		Mobile # _			
Email Address:					
	Permit Information	tion:			
	City Permit #				
	State Permit # _				
Describe the damage to	the permit:				
				/	
Signature of Permit Holder/Parent/Guardian/Designee				Date	

Please note: You must return the damaged permit with this form.

Check One: □ Permit Holder □ Parent/Guardian □ Designee

New York City Department of Transportation Permits and Customer Service 30-30 Thomson Avenue, 2nd Floor Long Island City, NY 11101-3045 718-433-3100, TTY 212-504-4115 nyc.gov/dot