nyc.gov/pppdinfo



## Department of Transportation

## **Change of Address Request Form**

Ι,	requ	uest to update my records as follows
City Permit #:	State Permit #:	
☐Check here if you have	both a City and State Parking Pe	ermit for People with Disabilities
Previous Home Address:		Apt. #:
City:	State:	Zip Code:
Current Home Address:		Apt. #:
City:	State:	Zip Code:
Please check your prefer	rred method of contact below:	
Home Phone #:	Mobile Device #	
Email address:		
<ul> <li>Utility Bills (Electricity, G</li> </ul>	on to the address at the top right Gas, Water, Oil)	-nand corner of this form.
Telecommunications Bi	ills (Telephone, Mobile Device, Cal	ole or Satellite Television)
	age Statement, Lease Agreement, e Address Verification Letter)	NYCHA Rent Receipt, United States
• Banking/Credit Card Sta	atements (Banks, Credit Cards, Ma	ajor Store Cards)
• Social Security Award L	_etter	
•	rovided is correct and I give NYC I he request for address change for t	
		Date://
Signature of	Permit Holder or Applicant	
(If Driver's License or Non-Drive	r's ID indicates "Unable to Sign", please lea	ave

**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		

blank. Parent or guardian may sign for a minor child)