

VILLAGE OF ROCKVILLE CENTRE

P.O. BOX 950
ROCKVILLE CENTRE, N.Y. 11571-0950



Renewal Application for Handicapped Parking Permit

ID # of permit holder: _____

****Office Use Only****

Copy of Driver or Non-driver ID is required

Permit #: _____

Issue Date: _____

Expiration Date: _____

Inc. Village of Rockville Centre, County of Nassau, State of New York

To be completed by handicapped applicant, or the parent/guardian
on behalf of a handicapped individual:

Full Name of Permit Holder: _____
(Last) (First) (Middle)

Legal Address: _____

Phone #: _____ E-Mail: _____

Date of Birth: _____ Age: _____ M: _____ F: _____

Nature of Disability: _____

****Handicap Parking Permits expire on the last day of the month****

I certify that the above disability, impairment or condition is permanent in nature and the statements contained herein are true. I further acknowledge that I have read and understand the conditions of this application and the Handicapped Parking Permit and shall observe and comply with the same.

Signature: _____ Date: _____