

**Donna Lent, Town Clerk**

Patricia Ryan-Correa, Chief Deputy Town Clerk  
One Independence Hill, Farmingville, NY 11738

TC-03 rev. 9/20

For Additional Information, Please Visit  
[www.brookhavenny.gov/departments/townclerk](http://www.brookhavenny.gov/departments/townclerk)

## **PARKING PERMIT FOR PERSONS WITH DISABILITIES APPLICATION PROCEDURE**

If you are a resident of the Town of Brookhaven who qualifies as a severely disabled person, you can obtain an application for a parking permit for persons with disabilities from the Town Clerk's Office at 1 Independence Hill, Farmingville. Persons living within the incorporated villages of Patchogue, Port Jefferson, Belle Terre and Bellport must obtain the application and their permit at their village hall.

Parking permits issued to individuals with a permanent disability are valid for five (5) years. Temporary Parking Permits are valid for a maximum of six (6) months and are issued to any resident who is certified by a physician as being temporarily unable to walk without the help of an assistive device.

### **IDENTIFICATION REQUIREMENTS**

Applications for New, Renewal and Lost/Stolen Permits must be submitted with copies of one of the following:

- Valid Driver's License
- Valid DMV issued Non-Driver Photo ID (NDID)

If you do not have a valid Driver's License or Non-Driver's ID, please contact the Town Clerk's office at (631) 451-9124 or (631) 451-7093 for additional information on accepted proof of identity.

### **PROOF OF RESIDENCY REQUIREMENTS**

If your driver's license or NDID does not list your current physical address, a utility bill, bank statement or credit card statement that includes your name and current physical address dated within the last six (6) months must also be submitted with your application.

### **NEW PERMITS**

Part I of the application is to be filled out and signed by the applicant. A Parent/Guardian shall sign the application for applicants under the age of 18. Guardianship papers or Power of Attorney must be provided if the applicant is 18 years of age or older and unable to sign. If your mail is delivered to a P.O. Box, you must also include your street address on the application. Part II of the application must be completed (including diagnosis and professional license number) and signed by your physician (MD, DO, NP, PA or DPM). Chiropractors (DC) are not considered "physicians" under the Vehicle and Traffic Law, Sec. 1203.

You should return the application by mail (**NO FAX COPIES OR PHOTOCOPIES**) to the address listed on the top of the application.

### **RENEWAL PERMITS**

If renewing a permit, the expiring permit **MUST BE RETURNED**. Part I and Part II of the application must be completed for all permit renewals. If your permit was issued from another municipality, you must file an application as a new resident.

You should return the application by mail (**NO FAX COPIES OR PHOTOCOPIES**) to the address listed on the top of the application.

### **LOST OR STOLEN PERMITS**

If your permit was lost or stolen, you must sign a sworn affidavit and have it notarized. You must also complete and sign Part I of the permit application. (**NO FAX COPIES OR PHOTOCOPIES**)

The affidavit mentioned above states that you would be issued **ONE (1) replacement tag**. If the replacement tag is lost or stolen the Town Clerk's Office **may not issue you another tag**. You will have the option of going to the Department of Motor Vehicles for plates.

If you need additional assistance, please call (631) 451-9124 or (631) 451-7093.



Application for Parking Permit for Persons with Disabilities

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Expired Parking Permit Tag and required ID MUST be returned with this application. See attached instructions for additional information. Return completed application with a stamped self-addressed legal-size envelope to: Brookhaven Town Clerk, One Independence Hill, Farmingville, NY 11738. FAX COPIES OF APPLICATION WILL NOT BE ACCEPTED

Form with sections: Office Use Only, PART 1: TO BE COMPLETED BY APPLICANT OR PARENT/GUARDIAN IF A MINOR, PART 2: TO BE COMPLETED BY AUTHORIZED MEDICAL PROFESSIONAL (DIAGNOSIS REQUIRED), TEMPORARY DISABILITIES, PERMANENT DISABILITIES. Includes fields for date, name, address, birth date, signature, and physician information.