

CITY OF KINGSTON

Police Department

police@kingston-ny.gov

Egidio F. Tinti, Chief of Police



Steven T. Noble, Mayor

THIS AFFIDAVIT IS SUBMITTED IN SUPPORT OF MY REQUEST FOR THE REPLACEMENT OF MY NEW YORK STATE PARKING PERMIT FOR PERSONS WITH SEVERE DISABILITIES. ANY FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS "A" MISDEMEANOR PURSUANT TO PENAL LAW SECTION 210.45 AND VEHICLE AND TRAFFIC LAW SECTION 1203-A (4) OF THE STATE OF NEW YORK AND WILL RESULT IN THE IMMEDIATE REVOCATION OF SAID PERMIT.

I, _____ RESIDING AT
(PRINT FULL NAME)

(PRINT CURRENT ADDRESS)

BEING DULY SWORN, DEPOSE, AND SAY THAT I SUBMITTED AN APPLICATION FOR A NEW YORK STATE PARKING PERMIT FOR PERSONS WITH DISABILITIES.

MY DISABILITY IS (PLEASE CHECK ONE) Permanent Temporary

DRIVERS LICENSE ID# _____

DATE OF BIRTH: _____ PHONE# _____

THIS PERMIT MUST BE REPLACED DUE TO THE FOLLOWING CIRCUMSTANCE:

- *Permit # _____ issued on _____ was never received in the mail
- *Permit # _____ issued on _____ is presumed lost as of _____
- *Permit # _____ issued on _____ was stolen on _____
- *Permit # _____ issued on _____ was worn out

*If said permit is recovered at a later date, I shall return it to the Kingston Police Department.

Signature of Applicant or Representative

Date