



Egidio F. Tinti
Chief of Police

City of Kingston Police Department

1 Garraghan Drive
Kingston, NY 12401

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"Committed to Excellence"



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 § 210.45 AND VEHICLE AND TRAFFIC LAW § 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:
(PLEASE CHECK APPROPRIATE STATEMENT)

- *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 _____ is worn out

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

Signature of Applicant or Representative

Date



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