



**Town of Highlands Police Department**  
**37 Main Street**  
**Highland Falls, NY 10928**

**"Committed to Excellence"**

**John P. Quinn**  
**Chief of Police**

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  
(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 NUMBER \_\_\_\_\_

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 Town of Highlands Police Department.**

\_\_\_\_\_  
**Signature of Applicant or Representative**

\_\_\_\_\_  
**Date**