

Please return completed, notarized form to:  
CAROL G. BROTHERHOOD, VILLAGE CLERK  
VILLAGE OF UPPER NYACK  
328 NORTH BROADWAY  
UPPER NYACK, NY 10960 (845)358-0084

**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.**

STATE OF NEW YORK )  
 )ss:  
COUNTY OF ROCKLAND )

I, \_\_\_\_\_ RESIDING AT  
(PRINT FULL NAME)  
\_\_\_\_\_  
(PRINT CURRENT RESIDENCE 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

THE 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 the Village Clerk's Office**

\_\_\_\_\_  
(Signature of Applicant or Authorized Representative)

\_\_\_\_\_  
(Date Signed)

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Notary Public