



# TOWN OF SMITHTOWN

## OFFICE OF THE TOWN CLERK

Tel: (631) 360-7620 Fax: (631) 360-7692

E-Mail: townclerk@smithtownny.gov

**Vincent Puleo**  
TOWN CLERK

SUPERVISOR

**Edward R. Wehrheim**

TOWN COUNCIL

**Thomas J. McCarthy**

**Lynne C. Nowick**

**Lisa M. Inzerillo**

**Thomas W. Lohmann**

### AFFIDAVIT FOR LOST/STOLEN DISABILITY PERMIT

STATE OF NEW YORK )

COUNTY OF SUFFOLK )

I, \_\_\_\_\_ residing at  
(Print Full Name)

\_\_\_\_\_  
(Print Current Address)

being duly sworn, depose and say that a \_\_\_**Permanent** \_\_\_**Temporary** handicap permit issued to me has been \_\_\_**Lost**\_\_\_**Stolen** and I am requesting a replacement to be issued. I am aware that any false statement made in connection with this permit may be 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. If said permit is recovered at a later date, I shall return it to the Town Clerk's Office.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

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

Lost/Stolen Permit # \_\_\_\_\_

New Permit # \_\_\_\_\_

Driver's License # \_\_\_\_\_

**Driver's License or Non Drivers ID required. If applying by mail please included a photocopy**