## TOWN OF SOUTHAMPTON

**Main Office** 

116 HAMPTON ROAD SOUTHAMPTON, NY 11968

**Phone:** (631) 287-5740 **Fax:** (631) 283-5606

## OFFICE OF TOWN CLERK SUNDY A. SCHERMEYER

**Town Clerk Annex** 

**Phone:** (631) 723-2712 **Fax:** (631) 723-3080

Website:

www.southamptontownny.gov

## **DISABLED PARKING APPLICATION**

\*All applicants must present a copy of drivers license or non-driver photo ID when applying/renewing in person or by mail.\*

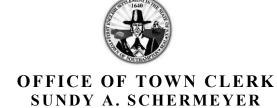
Please have your physician (NYS licensed M.D. or D.O.) fill out the back of this form, *OR* attach to this application, a letter on physician's stationary describing your need for a disabled permit.

Village residents of Southampton & Sag Harbor must obtain disable permits from those Village Clerks. NAME OF DISABLED PERSON: ADDRESS: ZIP CODE: PHONE: BIRTHDATE: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ SEX: Male \_\_\_\_\_ Female \_\_\_\_\_ DRIVER'S LICENSE / NON-DRIVER'S ID#: \_\_ License/ID MUST reflect a Southampton Township address I ACKNOWLEDGE THAT I UNDERSTAND THE CONDITIONS OF THE DISABLED PARKING PERMIT, AND THAT I SHALL OBSERVE AND COMPLY WITH SAME. APPLICANT / GUARDIAN'S SIGNATURE For office use only: New Permit Renewal Replacement Permanent OR Temporary ISSUED EXPIRES PERMIT #

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For Physician Use Only!

Dear Physician,

The abuse of disabled permits has become a serious problem. The number of permits issued far exceeds the space availability, and we are requesting your assistance in this matter. Your discretion in signing the permit application and gauging the duration of its use is extremely important! We ask that you only issue requests for disabled permits to persons with <a href="mobility-related">mobility-related</a> impairments. Thank you in advance for your cooperation; your discretion is appreciated!

NAME OF INDIVIDUAL:		
NATURE OF PATIENT'S DISABI	LITY:	-
TYPE OF PERMIT REQUIRED: _	Permanent (3 years)	
_	TemporaryMonths (6 Months Maximum)	
PHYSICIAN'S NAME:	ID #:	
PHYSICIAN'S SIGNATURE:	DATE:	
Physician's Address & Phone Number		

PERMANENT HANDICAP PERMITS ARE VALID FOR 3 YEARS FROM DATE OF ISSUE