

PARKING PERMIT FOR PERSONS WITH DISABILITIES APPLICATION PROCEDURE

If you are a resident of the Town of Brookhaven who qualifies as a severely disabled person, you can obtain an application for a parking permit for persons with disabilities from the Town Clerk's Office at 1 Independence Hill, Farmingville. Persons living within the incorporated villages of Patchogue, Port Jefferson, Belle Terre and Bellport must obtain the application and their permit at their village hall.

Parking permits issued to individuals with a permanent disability are valid for five (5) years. Temporary Parking Permits are valid for a maximum of six (6) months and are issued to any resident who is certified by a physician as being temporarily unable to walk without the help of an assistive device.

IDENTIFICATION REQUIREMENTS

Applications for New, Renewal and Lost/Stolen Permits must be submitted with copies of one of the following:

- Valid Driver's License
- Valid DMV issued Non-Driver Photo ID (NDID)

If you do not have a valid Driver's License or Non-Driver's ID, please contact the Town Clerk's office at (631) 451-9124 or (631) 451-7702 for additional information on accepted proof of identity.

PROOF OF RESIDENCY REQUIREMENTS

If your driver's license or NDID does not list your current physical address, a utility bill, bank statement or credit card statement that includes your name and current physical address dated within the last six (6) months must also be submitted with your application.

NEW PERMITS

Part I of the application is to be filled out and signed by the applicant. A Parent/Guardian shall sign the application for applicants under the age of 18. Guardianship papers or Power of Attorney must be provided if the applicant is 18 years of age or older and unable to sign. If your mail is delivered to a P.O. Box, you must also include your street address on the application. Part II of the application must be completed (including diagnosis and professional license number) and signed by your physician (MD, DO, NP, PA or DPM). Chiropractors (DC) are not considered "physicians" under the Vehicle and Traffic Law, Sec. 1203.

You may return the application in person or by mail (**NO FAX COPIES OR PHOTOCOPIES**) to the address listed on the top of the application. If someone other than the applicant brings in the application, they must provide all documentation as listed above.

RENEWAL PERMITS

If renewing a Parking Permit for Persons with a **Permanent** Disability (5-year Blue Permit), you must complete Part I of the application. Submit the application along with your proof of identity and residency.

If your permit was issued from another municipality, you must submit proof of previous issuance of a Parking Permit for Persons with a **Permanent** Disability from your former municipality. Acceptable proof includes your expired permit listing the last three digits of your Driver License/Non-Driver ID or a letter from the municipality confirming issuance of the permit. If you do not have proof of previous issuance of a permit, your physician (MD, DO, NP, PA or DPM) must complete Part II of the application.

If renewing a Parking Permit for Persons with a **Temporary** Disability (Red Permit), both Part I and Part II of the application must be completed.

You may return the application in person or by mail (**NO FAX COPIES OR PHOTOCOPIES**) to the address listed on the top of the application. The proof of identity and residency must accompany the completed application. It is strongly encouraged to return the expired permit.

LOST OR STOLEN PERMITS

If your permit was lost or stolen, you must complete and sign Part I of the permit application. (**NO FAX COPIES OR PHOTOCOPIES**)

If you need additional assistance, please call (631) 451-9124 or (631) 451-7702.



Application for Parking Permit for Persons with Disabilities

Kevin J. LaValle, Town Clerk

One Independence Hill, Farmingville, NY 11738

TC-03 rev. 10/25

For Additional Information, Please Visit www.brookhavenny.gov/departments/townclerk

Required ID and Proof of Residency MUST be returned with this application. See attached instructions for additional information. Return completed application with a stamped self-addressed legal-size envelope to: Brookhaven Town Clerk, One Independence Hill, Farmingville, NY 11738. FAX COPIES OF APPLICATION WILL NOT BE ACCEPTED

Form with sections: Office Use Only, PART 1: TO BE COMPLETED BY APPLICANT OR PARENT/GUARDIAN IF A MINOR, PART 2: TO BE COMPLETED BY AUTHORIZED MEDICAL PROFESSIONAL (DIAGNOSIS REQUIRED), TEMPORARY DISABILITIES, PERMANENT DISABILITIES. Includes fields for date, name, address, signature, and medical diagnosis.