Print Form

Town of Lewisboro -
Application for Handicapped Parking Permit

Town of Lewisboro
Town Clerk's Office
P.O. Box 500
South Salem, NY. 10590

Get the Doctor's Verification Form Here

Expiration Date

Permit Number

Note: Please attach a doctor's verification to this application.

Name of Handicapped Person:

Last Name _____ First Name _____ Middle Initial __

Street Address _____ Post Office _____ State __ ZIP _____

Age ___ ☐ M ☐ F Phone _____ Occupation _____

Businsess or school address & telephone no.

Street _____ Post Office _____ State __ ZIP _____

Phone _____

Driver's License or Non-Driver's Identification Card No. _____

If applying by mail, please submit photocopy) If you have neither, please sign the statement at the bottom.

Nature of Disability _____

Designated Vehicle(s)

1. Make _____ Year ____ License No. _____

   Owner _____

2. Make _____ Year ____ License No. _____

   Owner _____

I certify that the above disability, impairment or condition is in nature and the the statements contained herein are true. ☐ Permanent ☐ Temporary*

Date _____ ---
Signature of applicant or parent or guardian

* Temporary permits valid for a maximum of six months

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FOR OFFICE USE ONLY

Approved ---------

Date ----------

Town Clerk or
Deputy Town Clerk

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I certify that I have neither a driver's license nor a non-driver's identification card.

Signature

Date _____