



# Village of Cedarhurst

NASSAU COUNTY, NEW YORK

**MAYOR**  
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## LOST PERMIT AFFIDAVIT

Thank you for reporting that your New York State Disabled Parking Permit is Lost/Stolen. The Village will report the incident to the police department before a new tag can be issued. There will be a one week waiting period.

**False statements are punishable under section 210.45 of the penal law.**

Please check one: Lost \_\_\_\_\_ Stolen \_\_\_\_\_ Never Received \_\_\_\_\_

Name of Disabled Permit Holder \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

\_\_\_\_\_

Drivers's ID \_\_\_\_\_

**I hereby certify that I am reporting my New York State Disabled Parking Permit as**

**LOST / STOLEN / NEVER RECEIVED**

(Circle one)

**to the Inc Village of Cedarhurst. I further agree that if that permit is found or returned to me, I will not use that permit but return it to office immediately.**

Date \_\_\_\_\_ Signature of Permit Holder \_\_\_\_\_

### FOR OFFICE USE ONLY

LOST PERMIT NO. \_\_\_\_\_

NEW PERMIT NO. \_\_\_\_\_ DATE ISSUED \_\_\_\_\_ EXP. DATE \_\_\_\_\_