



**COUNTY OF NASSAU**  
**OFFICE for the PHYSICALLY CHALLENGED**  
60 Charles Lindbergh Boulevard, Suite 260  
Uniondale, New York 11553-3691

## Request for Proof of Permit

**This form must be completed to request proof of a  
Valid New York State Accessible Parking Permit**

**Name of Permit Holder:**  
**(Please Print)**

\_\_\_\_\_  
(First) (Last)

**Address:**

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

**NYS Driver's License Number:**

\_\_\_\_\_

**Permit Number:**

\_\_\_\_\_

**Where the Summons was issued:**

\_\_\_\_\_  
(City) (State) (Zip)

**Reason for the Summons:**

\_\_\_\_\_  
\_\_\_\_\_

**Date of Summons:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Signature of Permit Holder:**

\_\_\_\_\_

**Phone #:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**PLEASE NOTE: A COPY OF THE SUMMONS MUST BE PROVIDED  
WITH THIS COMPLETED FORM**