



COUNTY OF NASSAU
OFFICE for the PHYSICALLY CHALLENGED
60 Charles Lindbergh Boulevard, Suite 140
Uniondale, New York 11553-3691
Phone 516-227-7399 FAX 516-227-8991

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
PLEASE ENCLOSE A SELF-ADDRESSED, #10 LEGAL SIZE
ENVELOPE**