

Please return **original** completed, notarized affidavit to:

Alyssa Hammond, Clerk-Treasurer
Village of Montour Falls
408 W. Main Street
Montour Falls, NY 14865

(To be completed by Clerk)

LOST/STOLEN
Permit # _____
Date Reported _____
Replaced with # _____

THIS AFFIDAVIT IS SUBMITTED IN SUPPORT OF MY REQUEST FOR THE REPLACEMENT OF MY NYS PARKING PERMIT FOR PERSONS WITH SEVERE DISABILITIES. ANY FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS "A" MISDEMEANOR PURSUANT TO PENAL LAW 210.45 AND VEHICLE AND TRAFFIC LAW 1203-A(4) OF THE STATE OF NEW YORK AND WILL RESULT IN THE IMMEDIATE REVOCATION OF SAID PERMIT.

STATE OF NEW YORK
COUNTY OF SCHUYLER
VILLAGE OF MONTOUR FALLS

I, _____ residing at

being duly sworn, depose and say that I submitted an application for a New York State Parking Permit

for Persons with Disabilities and my disability is _____ Permanent _____ Temporary (select one)

Permit # _____ issued on _____ was never received

Permit # _____ issued on _____ was lost as of _____

Permit # _____ issued on _____ was stolen as of _____

Permit # _____ issued on _____ is worn/broken (must present)

If said permit is recovered at a later date, I shall return it to the Village Clerk-Treasurer.

Signature of Applicant/Authorized Representative

Date Signed

Sworn to before me this _____

Day of _____, _____

Notary Public