



TOWN of NEW HARTFORD

8635 Clinton Street
New Hartford, NY 13413
TOWN CLERK
Michele Moran

AFFIDAVIT FOR STOLEN OR LOST ACCESSIBLE PARKING PERMIT

I, _____ being duly sworn say:

I reside at _____ and do certify that
the Accessible Parking Permit issued to me by the Town Clerk's Office on _____
has been LOST or STOLEN .
(circle one)

I hereby request a replacement of the Accessible Parking Permit Number: _____ .

(signature of Applicant)

Subscribed and sworn to before me

this _____ day of _____ 20_____.

Notary Public – Appointed in Oneida County, N.Y.

My commission expires _____ .