

**TOWN OF HUNTINGTON**

**Frank P. Petrone, Supervisor**

**Mark Cuthbertson** **Susan A. Berland** **Mark Mayoka** **Eugene Cook**  
Councilman Councilwoman Councilman Councilman

**Department of Human Services**

**Handicap Services**

**100 Main Street, Room 207, Huntington, New York 11743**

**631-351-3233**

**BEACH STICKER APPLICATION FOR PERSONS WITH DISABILITIES**  
**UNDER THE AGE OF 60 WITH A LIMITED INCOME**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ARE YOU UNDER 60 YEARS OF AGE? YES \_\_\_\_\_ NO \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ CELLULAR: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

ARE YOU A RESIDENT OF THE TOWN OF HUNTINGTON: YES \_\_\_\_\_ NO \_\_\_\_\_

DISABILITY PARKING PERMIT # \_\_\_\_\_

PRINT THE LICENSE PLATE # UPON WHICH THE BEACH STICKER WILL BE AFFIXED: \_\_\_\_\_

*Because of the increased demand for beach stickers we must reserve the free stickers for persons who have limited income. Please refer to the chart below:*

#of Persons In Household	1	2	3	4	5	6	7	8
Annual Household Income	\$58,000	\$66,300	\$74,600	\$82,900	\$89,500	\$96,150	\$102,720	\$109,400

NUMBER OF FAMILY MEMBERS IN HOUSEHOLD? \_\_\_\_\_ HOUSEHOLD INCOME: \_\_\_\_\_

I hereby certify that the information contained herein is a true and accurate statement. I authorize the Town of Huntington to verify any and all information listed herein.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

You must submit a photo copy of your:

**Driver's license and vehicle registration**

Mail to:

Town of Huntington, Handicap Services, 100 Main Street, Room 207, Huntington, New York 11743

**NO BEACH STICKERS WILL BE DISTRIBUTED AT TOWN HALL**