

# TOWN OF HUNTINGTON



**Frank P. Petrone, Supervisor**

**Mark Cuthbertson**  
Councilman

**Susan A. Berland**  
Councilwoman

**Eugene Cook**  
Councilman

**Tracey A. Edwards**  
Councilwomen

**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 # \_\_\_\_\_ SYMBOL ACCESS LICENSE # \_\_\_\_\_

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.*

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

TOTAL HOUSEHOLD INCOME: \_\_\_\_\_

Under the penalties of perjury, 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 contained herein.

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

\*\*\*\*\*You must submit a photo copy of your:

**Driver's license, vehicle registration along with a copy of the first two pages of your federal tax return for the preceeding year. Please black-out your social security number prior to submission.**

**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**