

TOWN OF HUNTINGTON



Frank P. Petrone, Supervisor

Mark Cuthbertson
Councilman

Susan A. Berland
Councilwoman

Eugene Cook
Councilman

Tracey A. Edwards
Councilwoman

**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. Please refer to the chart below:

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, handicap tag along with a copy of the first two pages of your federal tax return for the preceding year. Please black-out your social security number prior to submission. If you do not have to file a tax return you must send in a verification from the IRS stating you do not need to file.

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