

TOWN OF HUNTINGTON
Department of Human Services
Handicap Services
423 Park Avenue, Room 203, Huntington, New York 11743
631-446-3725

Edmund J. Smyth, Supervisor

Dr. Dave Bennardo
Councilman

Salvatore Ferro
Councilman

Brooke Lupinacci
Councilwoman

Theresa Mari
Councilwoman

SENIOR CITIZEN BEACH PASS APPLICATION FOR PERSONS WITH CAREGIVER

NAME OF RESIDENT: _____

ADDRESS: _____

PHONE # _____ CELL # _____

EMAIL ADDRESS: _____

ARE YOU A RESIDENT OF THE TOWN OF HUNTINGTON: YES:_____ NO:_____

NAME OF CAREGIVER: _____

ADDRESS OF CAREGIVER: _____

LICENSE PLATE # _____

REGISTRATION # _____

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 OF RESIDENT: _____

SIGNATURE OF CAREGIVER: _____

YOU MUST SUBMIT A PHOTO COPY OF THE RESIDENT'S ID
AND A COPY OF THE CAREGIVER'S DRIVER'S LICENSE.

MAIL TO:
TOWN OF HUNTINGTON, HANDICAP SERVICES, 423 PARK AVE. ROOM 205
HUNTINGTON, N.Y. 11743