

TOWN OF HUNTINGTON
Department of Human Services
Handicap Services
423 Park Avenue, Room 205, Huntington, New York 11743
631-446-3726

Edmund J. Smyth, Supervisor

Dr. Dave Bennardo
Councilman

Salvatore Ferro
Councilman

Brooke Lupinacci
Councilwoman

Theresa Mari
Councilwoman

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

NAME: _____

ADDRESS: _____

PHONE # _____ CELL # _____

EMAIL ADDRESS: _____

ARE YOU UNDER 60 YEARS OF AGE? YES: _____ No: _____

DISABILITY PARKING PERMIT # _____

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: _____ 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 of Non-filing letter from the IRS** (Form 4506-T) stating you do not need to file. [Form 4506-T](#) (press link to the left)

Please mail completed application with backup to:

Town of Huntington, Handicap Services, 423 Park Avenue, Room 205, Huntington, NY 11743