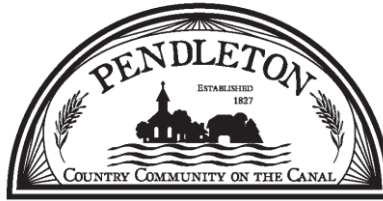


TOWN OF PENDLETON
6570 Campbell Boulevard
Lockport, NY 14094



Deborah K. Maurer, Town Clerk
Phone: (716) 625-8833
Fax: (716) 625-6295
dmaurer@pendletonny.us

***PARKING PERMIT FOR PERSONS WITH SEVERE DISABILITIES
RENEWAL FORM***

*****If mailing in Renewal Form, all highlighted areas must be completed. Thank you*****

Information About Person with Disability

Name: _____

Address: _____

City/State/Zip Code: _____

Telephone No.: _____ **DOB:** _____ ☐ Male ☐ Female

By signing below, you are certifying, under penalty of the law, that you have a severe disability and are eligible to renew your parking permit.

X _____ **Date:** _____

(Signature of Person with Disability or Signature of Parent or Guardian - If signed by parent or guardian, please write your relationship to the person with the disability after your signature.)

For Issuing Agent Use Only

Parking Permit No.: _____ **Driver License No.:** _____

Renewal Date: _____ Expiration Date: _____ ☐ Entered into BAS

Additional Notes: _____

Issuing Agent Signature: _____ Date: _____