

**Incorporated Village of Valley Stream  
123 So. Central Avenue  
Valley Stream, New York 11580**

**HANDICAP PARKING PERMIT RENEWAL FORM**

NAME: \_\_\_\_\_  
*(print name as it appears on original application)*

ADDRESS: \_\_\_\_\_  
*(Address – must be in Inc. Village of Valley Stream)*

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Driver's License No. \_\_\_\_\_ or copy of Driver's License

Do you have a RED TEMPORARY PERMIT or a BLUE PERMANENT PERMIT ?

*(Check one)* RED \_\_\_\_\_ BLUE \_\_\_\_\_

IF A RED TEMPORARY PERMIT YOU MUST INCLUDE A NEW DOCTOR'S NOTE.

**INSTRUCTIONS: Please return following via mail:**

**INC. VILLAGE OF VALLEY STREAM  
123 SOUTH CENTRAL AVENUE  
VALLEY STREAM, N.Y. 11580  
ATTENTION: HANDICAP PARKING PERMIT**

**OR**

**USE DROP BOX AT REAR ENTRANCE OF VILLGE HALL**

**Put completed form in an envelope.**

**Mark envelope CLERK'S DEPT. - HANDICAP PARKING PERMIT**

**Your permit will be mailed to your home address.**

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**OFFICE USE ONLY:**

\_\_\_\_\_ HANDICAP PARKING PERMIT:

\_\_\_\_\_ Clerk's Initials