## OFFERED TO HANDICAP TOWN OF BARNSTABLE TAXPAYERS AND/OR YEAR-ROUND RESIDENTS

BARNSTABLE RECREATION DIVISION – 2018 HANDICAP PARKING PERMIT MAIL-IN APPLICATION FORM HYANNIS YOUTH & COMMUNITY CENTER 141 BASSETT LANE HYANNIS, MA 02601 PHONE: 508-790-6345

## NO REFUNDS FOR LOST OR STOLEN PERMITS RESIDENT PARKING PERMITS ARE REQUIRED YEAR ROUND (1/1/17 THRU 12/31/17) AT ALL RESIDENT BEACHES AND TOWN WAYS TO WATER

_	AT	ALL RESIDENT BEA	CHES AND TOW	N WAYS TO WATE	R
Name			Phone		
Mailing address:					
Street/PO Box Barnstable Property Location (if different from mailing address):			Town, State and Zip Code		
Street			Village		
Vehicle Plate #1	Permit	Vehicle Plate #2	Permit	Vehicle Plate #3	Permit#
	horize the To	<u></u>	research my m		ration information on
			F USE ONLY		
Date Rec'd	Check #			mit) Date Mailed	Staff initials
		king Permit (\$15 per perm		•	
TOWN O	F BARNSTAB	CAP PARKING PER <b>LE HANDICAP TA</b> ERMIT <u>(LIMIT 2 A</u> T	XPAYERS AND	OR YEAR-ROUNI	O RESIDENTS
records indicate that y dicap Parking Permit t  Complete and deta  Include a copy of  a. If vehicle b. If the veh c. Please no name. T  Include a copy of  Include a check o  Include a self-add  BARNSTA  If you do not wish the Recreation F	ou purchased a 20 hrough the mail, ach the above app the current vehic is leased, please ticle is registered of the Handica The Handicap Harmoney order management of the BLE RECREATION to participate is ront Desk locate	D17 Handicap Parking F please complete the follolication. cle registration. include a copy of the F to a business, please incap permit is only offered and Tag with picture I hade payable to the Towelope.  CON IS NOT RESPONSED.	Permit. If this is corowing steps:  RONT PAGE ONI clude a copy of lette ed to those handica cle is registered in L.D. en of Barnstable. \$1  SIBLE FOR LOST on process, walk-in Community Cente	rect, and you would like LY of the lease agreemented or business card. The individuals who have your spouse's or child sper permit / \$40 per OR STOLEN HANDING purchases will begin r, 141 Bassett Lane, I	ent.  ve a vehicle registered in the l's name.  Non-Handicap permit.
✓ When your perm may apply the pe	it(s) arrive, plea ermit to the front	se verify that the licen	se plate number w he driver's side wi	ritten on the permit is ndshield. If it is inco	s correct. Once verified, y crect, please call our office
✓ The Parking Per	mit Staff tries t	o return permits with	in 12 to 14 busines	ss days. If you do no	t receive your parking po

within SIX WEEKS, please call our office at 508-790-6345 and have the following information available:

Check # \_\_\_\_\_ Check amount \_\_\_\_\_ Date Mailed \_\_\_\_\_