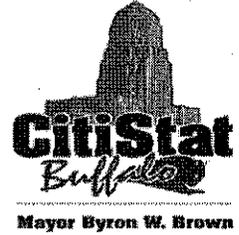


CITY OF BUFFALO



DEPARTMENT OF COMMUNITY SERVICES & RECREATIONAL PROGRAMMING

DIVISION OF SENIOR SERVICES & THE OFFICE FOR DISABLED PARKING

Byron W. Brown
Mayor

Tanya Perrin-Johnson
Commissioner

AFFIDAVIT

Douglas R. Ruffin
Director

Re: Circumstances Surrounding the Loss of a "Special Parking Permit" issued to me by the City of Buffalo.

I \_\_\_\_\_, do hereby offer the following testimony regarding the loss of a "Special Parking Permit" issued to me by the City of Buffalo:

- Date that the permit was found missing \_\_\_\_\_
• Place where the permit was being stored/safeguarded \_\_\_\_\_
• Detailed explanation of the Circumstances surrounding the loss of the "Special Parking Permit" (include specific information about the times, places, dates, witnesses, police reports, and any other pertinent data regarding how this permit was loss/stolen:
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

I swear, under penalty of perjury, that all of the above information is true and correct to the best of my knowledge and belief.

Enclose a Copy of your Driver's License

Signature

Mail To:

Street Address

Office for Disabled Parking Permits
Room 8 B City Hall
Buffalo, New York 14202

City, State, Zip Code

Date \_\_\_\_\_

Telephone Number

For Official Use Only

Approved by \_\_\_\_\_

Permit # \_\_\_\_\_