

TOWN OF BARNSTABLE – RECREATION – **2025** HANDICAP PARKING PERMIT APPLICATION

We are happy to offer the option of purchasing your parking permit on-line (for the price of the permit plus a small convenience fee). Please log onto: barnstablema.viewpointcloud.com and scroll to **Recreation – Beach Activity and Parking Permits**. If you prefer to apply by mail or drop box, please print, complete, and submit this form with payment.

HANDICAP PARKING PERMIT FEE: \$25.00 (Limit of 2 at \$25 cost)

Name: (Last, First, MI)

Address on Registration: (Street Address, City, State, Zip Code)

Mailing Address: (Street Address, City, State, Zip Code)

Barnstable Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

If necessary, I authorize the Town of Barnstable to research my motor vehicle registration on the Massachusetts RMV database:

DATE ____/____/____

SIGNATURE (MUST BE SIGNED. NO EXCEPTION.)

Please complete this application and return it with the required documentation outlined on page two. Keep page two for your records.

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Mail to: **BARNSTABLE RECREATION DIVISION, ATTN: BEACH STICKERS**
141 BASSETT LANE, HYANNIS MA 02601
508-790-6345

You may also place your application in the drop box located at the Hyannis Youth and Community Center at the above address.

STAFF USE ONLY

Vehicle Plate 1 _____ Permit _____

Vehicle Plate 2 _____ Permit _____

Vehicle Plate 3 _____ Permit _____

Date Rec'd _____ Check # _____ Check \$ _____ Date Mailed _____ Staff Initials _____

To use our online system please log onto: barnstablema.viewpointcloud.com and scroll to Recreation – Beach Activity and Parking Permits or you may use this mail-in application.

If you choose to purchase your permit(s) through the mail/drop box, please follow the instructions below:

TOWN OF BARNSTABLE HANDICAP TAXPAYERS AND/OR RESIDENTS

FEE: \$25 PER HANDICAP PERMIT (*LIMIT of 2 AT \$25 COST*) FEE: \$50 PER NON-HANDICAP PERMIT

MAIL IN HANDICAP PARKING PERMIT- (BEACH STICKER) INSTRUCTIONS

- Complete and mail **application including the necessary paperwork** outlined below.
- Include a **copy of your current vehicle registration**.
 - a. If vehicle is leased, please include a copy of the FRONT PAGE ONLY of the lease agreement. If your name is on the vehicle registration, you may skip this step.
 - b. If the vehicle is registered to a business, please include a copy of letterhead or business card.
 - c. Please Note: *The Handicap permit is only offered to those handicap individuals who have a vehicle registered in their name. The handicap permit is **NOT** available, if the vehicle is registered in your spouse's or child's name.*
- Include a **copy of the Handicap Hang Tag with picture I.D. showing**.
- Include a **check or money order** made payable to the Town of Barnstable. \$25 per permit (limited to 2) / \$50 per Non-Handicap permit.

Include a self-addressed, stamped envelope. If not provided, permit(s) will be held for in-person pickup at the front desk of the HYCC.

BARNSTABLE RECREATION IS NOT RESPONSIBLE FOR PERMITS THAT ARE LOST, STOLEN, OR THOSE THAT USPS FAILS TO DELIVER (REPLACEMENT WOULD BE FULL PRICE AND PICKUP IN PERSON REQUIRED. IF ORIGINALS ARE FOUND OR RECEIVED, ORIGINAL PAYMENT WOULD BE REFUNDED ONCE ORIGINAL PERMITS ARE RETURNED)

PARKING PERMITS ARE NON-REFUNDABLE

- ✓ **When your permit(s) arrive, please verify that the license plate number written on the permit is correct. Once verified, you may apply the permit to the front, lower left corner of the driver's side windshield. If it is incorrect, please call our office at 508-790-6345 and we will issue a corrected permit upon receipt of original.**
- ✓ **The Parking Permit staff strives to return permits within 12 to 14 business days. We strongly advise you to apply for your permit as early as possible to avoid delay, as backlogs in processing time will occur due to the high volume of permit applications after Memorial Day. If you do not receive your parking permit within ***FOUR WEEKS***, please call our office at 508-790-6345.**

Name _____ Check # _____ Check amount _____ Date Mailed _____