



SHAPE/Special Deputies

Onondaga County Sheriff's Office

Lt. Neal Hare, #0420
407 South State Street
Syracuse, NY 13202
Phone: 435-3036 Fax: 435-3043



SHAPE Program Application SHeriff's Accessible Parking Enforcement

Last Name: _____ First Name: _____ Middle Initial: _____

Address (Onondaga County resident): _____

City/Town: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Date of Birth: _____ M/F: _____ Social Security Number: _____

Do you have a physical disability? Yes No

If yes, do you use a wheelchair? Yes No

Do you have transportation? Yes No

Note: Minimum insurance required for your vehicle is \$500,000 liability and \$50,000 property damage.

Have you ever been convicted of a crime? Yes No

Do you have a pistol/gun permit? Yes No

How did you hear about the SHAPE Program? _____

Signature: _____ Date: _____