

PERMIT APPLICATION FOR HANDICAPPED PARKING SPACE

- **There is a 1 time fee of \$125 for new applicants (Resolution 5-2020)**
- **Annual Handicapped Parking Space fee is \$25 (Resolution #5-2020)**
- **See Ordinance #4-97 for Rules and Requirements**

Name of Applicant:

Phone #

Street Address:

Mailing Address (if different):

Date of Birth:

Driver's License #

Vehicle Information

Please attach copy of Handicapped Placard/Handicapped License Plate Issued by State

License Plate #

Is this a Handicapped
Plate?

Vin#

Registered Name:

Make & Model:

Color:

Year:

Disability Information:

Is Your Disability Permanent or Temporary?

Off Street Parking Available to your Dwelling?

Where Is It Available?

Why Do You Need a Reserved Parking Space?

Requested Location for Parking Space:

Physician Information (To Be Completed and Signed by Physician)

Physician is Required to Submit a Certificate or Statement Attesting to Applicant's Disability.

Name of Treating Physician:

Physician Address & Phone #:

Physician Signature:

I hereby state that the facts set forth in this application for a reserved parking space are true and correct under penalty of law. I further acknowledge that I have reviewed the Ordinance which sets forth certain conditions for maintaining a reserved parking space and understand that a reserved parking space is a privilege which can be revoked:

Applicant' Signature:

Date:

