

HANDICAPPED SPACE/ZONE
APPLICATION

PLEASE ATTACH PHOTOCOPIES OF THE FOLLOWING:

DISABLED PERSON I.D.
DRIVER'S LICENSE
VEHICLE REGISTRATION

APPLICANT INFORMATION

NAME: _____

ADDRESS: _____

DAYTIME PHONE: _____

ALTERNATE PHONE: _____

OPERATOR OF VEHICLE (IF DIFFERENT FROM APPLICANT):

NAME: _____

ADDRESS: _____

APPLYING FOR (CHECK ONE):

_____ Handicapped SPACE: \$25.00 application fee required for a space that allows any vehicle displaying handicapped credentials to park.

_____ Handicapped ZONE: \$75.00 application fee required for a space that allows only the pre-registered vehicle to park in the space.

FOR OFFICE USE ONLY

Date Received: _____ CK/ MO#: _____

INITIAL: _____