



Residential Disabled Parking Space Application

1. **Name of Applicant** _____

2. **Street Address** _____
Note: Street address MUST be the same as the address where the parking permit was issued

3. **Zip Code** _____ **Telephone** _____

Email _____

4. **Disabled License Plate Number** _____
(Attach copy of current disabled license plate registration if applicable)

5. **Regular License Plate Number** _____
(Attach copy of current license plate registration)

6. **Disabled Placard Number** _____
(Attach copy of current disabled placard receipt-not the actual placard)

7. **Year, Make & Model of Car** _____

8. **List Impairment:** _____

Signature of Applicant

Date

One time application fee: \$50.00

Sign Removal: \$50.00