

APPLICATION FOR HANDICAP PARKING SIGN IN RESIDENTIAL PARKING AREA

**WARNING: APPLICANT GIVING FALSE INFORMATION IS SUBJECT
TO PROSECUTION**

INSTRUCTIONS: Application must be completed in the name of the PERSON WITH A DISABILITY. It must include the signature of the person with a disability or next of kin. Certification must be completed and signed by a licensed physician/chiropractor, including his/her physician's/ chiropractor's license number. Proof of ownership of vehicle with handicap parking permit must also be included (windshield placard or registration). Application is subject to approval by council.

(Please Type or Print)

Name of Person with Disability: _____

Social Security Number: _____

Street Address: _____

Telephone Number: _____

Signature of Person with Disabilities or Next of Kin: _____

Relationship if Signed by Next of Kin: _____

CERTIFICATION OF APPLICANT'S DISABLING CONDITION

(To be completed by applicant's Personal Physician or Chiropractor)

The individual must quality to the following definition:

Any person who lost the use of one or both legs or one or both arms, who is sight impaired, hearing impaired or so severely disabled as to be unable to move about without the aid of crutches or a wheelchair, or whose mobility is restricted by a permanent cardiovascular, pulmonary, or other disabling condition may apply for a handicap parking sign in his/her residential area.

Name of Person with Disability: _____

Address of Person with Disability: _____

I CERTIFY THAT ABOVE NAMED APPLICANT HAS A PHYSICAL CONDITION THAT SUBSTANTIALLY LIMITS HIS/HER MOBILITY OR FUNCTIONING AS DEFINED ABOVE.

The duration of the disabling condition is expected to be:

___ PERMANENT

___ TEMPORARY-LESS THAN 12 MONTHS UNTIL _____ (date)

Signature of Physician or Chiropractor: _____

Physician/Chiropractor License Number: _____