

This application is for residents who have medical needs that may warrant restriction of on-street public parking in front of their home.

Permit rules:

1. To be considered for a permit, submit an application and attach verification documentation.
2. If the application is approved, signs will be installed in front of your home.
3. Permits are reviewed each year to confirm the permit needs still exist.

Resident Information *

First name *

Last name *

Street Address *

Apt./Unit/Suite #

Phone number *

Email *

_____ ext. _____

Applicant Information (if different than above)

First name

Last name

Street Address

Apt./Unit/Suite #

City, State, Zip

Phone number

Email

_____ ext. _____

Medical Needs Verification *

Please select below and attach the appropriate documentation when submitting your application.

- Disability license plate
- Disability tag
- Doctor letter

Applicant's Signature ***Date ***For Office Use Only

Permit Numbers: _____

Issued (date and initials): _____