

# Disabled Resident Parking Permit Application Form

**Instructions:** Please print this form, complete all sections in blue or black ink, and submit it along with the required documentation to the Parking Authority Department.

## 1. Applicant Information

Full Name (Last, First, Middle): <input type="text"/>	
Residential Address (Street, Apt/Suite): <input type="text"/>	
City: <input type="text"/>	Zip Code: <input type="text"/>
Phone Number: <input type="text"/>	Email Address: <input type="text"/>
Date of Birth (MM/DD/YYYY): <input type="text"/>	Driver's License / State ID Number: <input type="text"/>

## 2. Vehicle Information

Provide details of the primary vehicle that will display the permit.

Vehicle Make (e.g., Toyota): <input type="text"/>	Vehicle Model (e.g., Camry): <input type="text"/>
Year: <input type="text"/>	Color: <input type="text"/>
License Plate Number & State: <input type="text"/>	

## 3. Proof of Residency & Disability Status

Please indicate the documents you are submitting with this application (type "YES" next to applicable items):

Utility Bill (issued within last 60 days):	<input type="text" value="YES/NO"/>
Lease Agreement or Property Deed:	<input type="text" value="YES/NO"/>
State-issued Disabled Parking Placard Number:	<input type="text"/>

## 4. Healthcare Provider Certification

To be completed by a licensed physician, physician assistant, or nurse practitioner if state placard is not in applicant's name.

Medical Professional Name: <input type="text"/>	
Title/Credentials: <input type="text"/>	Medical License Number: <input type="text"/>
Clinic/Hospital Affiliation: <input type="text"/>	
 <input type="text"/>	

Office Phone: <input type="text"/>	Date of Certification (MM/DD/YYYY): <input type="text"/>
Medical Professional Signature: _____	

**5. Applicant Declaration and Signature**

I hereby certify that I am a resident of this municipality and that the information provided on this application is true and correct to the best of my knowledge. I understand that any false statements may result in the revocation of the parking permit and potential legal penalties.

Applicant Signature: \_\_\_\_\_

Date: