

HANDICAPPED PARKING APPLICATION

NOTE: ALL APPLICANTS MUST POSSESS A DISABLED IDENTIFICATION CARD ISSUED BY THE N.J. DEPARTMENT OF MOTOR VEHICLE. PLEASE PROVIDE A COPY WITH THIS APPLICATION.

1. Date of Application: _____

2. Name of Applicant: _____
(Disabled Person)

3. Address at which sign requested: _____

4. Is the Applicant the operator of the vehicle for which space is requested?

 Yes FURNISH COPY OF APPLICANT’S DRIVER’S LICENSE
AND VEHICLE REGISTRATION. SKIP QUESTION 5.

 No SPACE IS REQUESTED TO ENABLE TRANSPORT OF
APPLICANT BY OTHERS.

5. Does the principal transporter of the applicant reside with the applicant?

 YES Furnished a copy of Driver’s License of the principal transporter
And vehicle registration.

 NO

6. Please explain the medical circumstances which require the designation of a reserved space:

7. Is this applicant the owner (or part owner) of the property at which the space is required.

 YES

 NO PLEASE FURNISH A LETTER FROM THE PROPERTY
OWNER STATING PERMISSION TO HAVE SAID SIGN
IN FRONT OF THEIR PROPERTY.

8. Describe briefly the preferred location for the space:

9. Please furnish the telephone number(s) at which someone can be contacted if questions regarding this space should arise:

NAME: _____ PHONE #: _____

NAME: _____ PHONE #: _____

IF A HANDICAPPED PARKING SPACE IS PLACED AT THIS LOCATION AT YOUR REQUEST, IT WILL NOT BE FOR YOUR EXCLUSIVE USE. ANY VEHICLE WITH THE PROPER IDENTIFICATION MAY LEGALLY USE THIS HANDICAPPED SPACE.

(OFFICIAL USE ONLY)

COMMENTS: _____
APPROVED: _____ DENIED _____ FILE # _____