



TAYLOR MILL POLICE DEPARTMENT

APPLICATION FOR HANDICAPPED PARKING SIGN ON CITY STREET

SECTION 1 – TO BE COMPLETED BY APPLICANT

NAME: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

HANDICAPPED SIGN TO BE ERECTED AT: _____

APPLICANTS HANDICAPPED PLACARD NO: _____

APPLICANTS VEHICLE LICENSE PLATE NO: _____

ATTACH COPY OF APPROVED APPLICATION
FOR HANDICAPPED PARKING PERMIT: _____

ATTACH TO APPLICATION PICTURE OF RESIDENCE: _____

Signature of Applicant: _____ Date: _____

SECTION 2 – TO BE COMPLETED BY POLICE DEPARTMENT

Street location abut the residence of applicant: YES NO

The residence of the applicant has no driveway, or any
other type of motor vehicle parking area on their property YES NO

Signature of Officer: _____ Date: _____

BASED UPON OUR INVESTIGATION, I HERBY ATTEST THAT THE APPLICANT IS
LEGALLY HANDICAPPED AND MEETS CRITERIA ESTABLISHED PER ORDINANCE
NO. 91 (4-24-96) AND SHOULD BE ISSUED A HANDICAPPED PARKING POSITION
LOCATED AT _____

Signature of Police Chief _____ Date: _____

Sign installed on: _____ Application Expires: _____