



**City of Sidney**

**Marty Keifer, Street Superintendent**  
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**APPLICATION FOR RESIDENTIAL HANDICAPPED PARKING SPACE**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

VEHICLE (make/year): \_\_\_\_\_

LICENSE PLATE/CARD NUMBER: \_\_\_\_\_

1. \_\_\_\_\_ Is the applicant permanently handicapped?

2. \_\_\_\_\_ Does the applicant possess either a handicapped license plate or a permanent parking card as issued by the registrar of motor vehicles?  Verified by City\_\_

3. \_\_\_\_\_ Is it practical for the handicapped person to use an existing driveway or a pull-off area from an alley? If no, why?

\_\_\_\_\_  Verified by City\_\_

\_\_\_\_\_

4. \_\_\_\_\_ Would the construction of a driveway have a negative impact on the surrounding areas or is it otherwise not practical due to terrain or vegetation? Why? \_\_\_\_\_

\_\_\_\_\_  Verified by City\_\_

\_\_\_\_\_

I hereby certify that I have a handicapped license plate/card issued by the State of Ohio, and that I expect to be qualified to use that handicapped plate for one year. I understand that if this application is approved, the handicapped parking space, which is established, will be available to any person with a handicapped license plate/card.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Approved / Denied \_\_\_\_\_  
Marty Keifer, Street Superintendent

\_\_\_\_\_  
Date