



NEW
RENEWAL

Brian Green, Street Superintendent
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Sidney, OH 45365
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APPLICATION FOR RESIDENTIAL HANDICAP PARKING SPACE

*** All fields must be filled out completely ***

APPLICANT NAME _____

ADDRESS: _____ Sidney, OH 45365

PHONE #: _____ E-Mail: _____

VEHICLE YR/MAKE: _____ / _____ VEHICLE MODEL: _____
EXAMPLE: 2008/CHEVY EXAMPLE: MALIBU

LICENSE PLACE#: _____ HDCP PLACARD #: _____

EXPIRATION DATE/MONTH: _____

1. YES or NO Is the applicant **PERMANENTLY** handicapped?
2. YES or NO Does the applicant possess either a handicapped license plate or a permanent parking card as issued by the registrar of motor vehicles?
3. YES or NO Is it practical of the handicapped person to use an existing driveway or pull-off area from the alley? If No, please explain why?

4. YES or NO 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? If it would, why?

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, it must be renewed yearly and that the handicap parking space will be available to any person with a handicapped license plate/placard.

Applicants Signature

Date

City use only below this point

<input type="checkbox"/> Approved <input type="checkbox"/> Denied	_____ Brian Green, Street Manager	_____ Date
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