

HANDICAPPED PARKING SIGN INSTALLATION APPLICATION

NAME OF H/C APPLICANT: _____

ADDRESS: _____, NORTH WILDWOOD

PHONE #: _____ DOB: ____/____/____ OWNER/RENTER: _____

IF RENTING, PLEASE PROVIDE THE PHONE # OF LANDLORD/OWNER IN THE NOTES BELOW. A COPY OF THE LEASE & A LETTER OF PERMISSION FROM THE OWNER/LANDLORD WILL BE REQUIRED WHEN SUBMITTING THIS APPLICATION.

E-MAIL: _____

H/C PLACARD #: _____ STATE ISSUED: _____

VEHICLE REGISTRATION: _____ STATE ISSUED: _____

DOES THE H/C APPLICANT HAVE DISABLED VETERAN STATUS ? YES NO

IS THE APPLICANT A RECIPIENT OF THE PURPLE HEART ? YES NO

WOULD YOU LIKE THE DISABLED VETERAN / PURPLE HEART ICON ON YOUR SIGNAGE ? YES NO

VEHICLE INFO:

YEAR: _____ MAKE: _____ MODEL: _____

IF THE VEHICLE IS NOT OWNED/OPERATED BY THE DISABLED APPLICANT:

VEHICLE OWNER'S NAME: _____

ADDRESS: _____

IF THE DISABLED PERSON DOES NOT OWN THE HOME DO YOU ATTEST THAT THE DISABLED PERSON LIVES IN THE PREMISE ? YES _____ NO _____

IF YES, PLEASE PROVIDE WITH YOUR APPLICATION A COPY OF THE DRIVERS LICENSE OR UTILITY BILLS THAT LIST THE H/C PERSONS NAME AND THE ABOVE ADDRESS

DOES THE PROPERTY HAVE OFF-STREET PARKING ? YES _____ NO _____

SPECIAL PLACEMENT REQUESTS: _____

SIGNATURE: _____ DATE: _____