

TOWNSHIP OF NEWPORT

APPLICATION FOR HANDICAPPED PARKING SPACE PERMIT

NON RESERVED APPLICATION _____ RESERVED APPLICATION _____ ANNUAL RENEWAL FEE _____
(FEE OF \$125.00) (FEE OF \$225.00) (FEE OF \$25.00)

NAME: _____

Address: _____

Phone: _____

Handicapped License Plate # _____

Handicapped Placard # _____ Exp. Date: _____

Reason for requesting a handicapped parking space permit:

- _____ Applicant is wheel chair confined.
- _____ Person requesting permit is caring for an individual who has a severe physical or mental disability.
- _____ Applicant is unable to walk a distance of 50 feet.
(Applicant may be asked to perform this and/or produce documentation verifying this condition).
- _____ Applicant has severe cardiopulmonary insufficiency that requires the use of ambulatory oxygen.
- _____ Applicant medical physician certifies, in writing, that the applicant must have a residential handicapped parking space due to medical condition.
- _____ Applicant requires the use of prosthetic devices that restricts normal ambulation.

Applicants Signature
Approved _____
Reason for not Approved _____

Date
Not Approved _____

Chief of Police

Date

Applicant Please Note: Unless you have a reserved space, receiving this sign does not mean that you have an exclusive parking space. Anyone with a handicapped plate or placard can use it.