

BOROUGH OF CLIFTON HEIGHTS

APPLICATION FOR RESIDENTIAL HANDICAP PARKING PERMIT

New Application: _____

Renewal Application: _____

Name: _____

Address: _____

Phone #: _____

Handicap License Plate #: _____

Handicap Placard # _____

Reason for requesting Handicap Parking Permit:

_____ Applicant is wheel chair confined.

_____ Person requesting is caring for individual with severe physical limitations.

_____ Applicant is unable to walk a distance of 50 feet.
(Documentation may be required to verify condition.)

_____ Applicant has severe cardiopulmonary insufficiency that requires use of portable oxygen.

_____ Applicant requires the use of prosthetic devices that restrict ambulation.

_____ Applicant has other physical or mental limitations that are severe enough to warrant a handicap parking space. (Please specify)

Signature: _____

Date: _____