

Date Submitted: _____

Date Expires: _____

APPLICATION FOR RESERVED HANDICAPPED PARKING

SECTION 6-3-3 of the Village Code of Franklin Park

TYPE OR PRINT IN INK ONLY

I. GENERAL INFORMATION

Name of applicant: _____

Address of handicapped person: _____

Telephone Number: (Home) _____ (Work) _____

License plate number of applicant's vehicle: _____

Driver's license number of applicant: _____

Name of applicant's doctor: _____

Is there a side drive on the property? (Yes) (No)

II. INFORMATION REGARDING HANDICAP

Nature of handicap: _____

Initial date of handicap condition: _____

Is handicap () Permanent () Temporary?

III. STATEMENT BY APPLICANT

I, _____, do hereby apply for a reserved handicapped parking space on the public street in front of my residence at _____, where a driveway is (), is not () available in the Village of Franklin Park, Illinois, and do hereby swear that the information provided in and with this application is true, accurate, and correct; that no falsifications or deliberately misleading representations have herein been made; and that I submit this attestation, upon penalty of perjury, to induce the Village of Franklin Park to review and consider this application.

Date: _____ Applicant: _____

IV. CERTIFICATION BY DOCTOR

I, _____, an individual licensed to practice medicine in the State of Illinois, do hereby certify that the above named individual is a patient under my care and is physically handicapped due to a medical condition described as:

Which condition is () perpetual () temporary. I make this certification to the Village of Franklin Park on behalf of my patient to induce said Village to review and consider the application for a reserved handicapped parking space, and I do affirmatively here necessary for the physical welfare of the above named patient.

Date: _____ Doctor: _____
Address: _____

VILLAGE OF FRANKLIN PARK
REQUEST FOR REMOVAL OF
HANDICAPPED PARKING SPACE DESIGNATION

V. DATE: _____

NAME: _____

ADDRESS: _____

The undersigned certifies that he/she is the owner of the above address and request that the Village of Franklin Park remove the handicapped parking designation for the above address.

Signature

Received by Village Clerk's Office:

Date: _____

Received by: _____