

APPLICATION FOR HANDICAPPED STREET PARKING SIGN

NAME _____ AGE _____ DATE OF BIRTH _____

ADDRESS _____ APT # _____

HOME PHONE _____ CELL _____ WORK _____

OHIO HANDICAPPED PLACARD/CARD # _____ EXPIRES _____

LICENSE PLATE # _____ COLOR OF VEHICLE _____

MAKE OF VEHICLE _____ MODEL OF VEHICLE _____

DOCUMENTATION PROVIDED _____

WITNESSED BY _____ DATE _____

SIGNATURE OF HANDICAPPED PERSON
OR NEXT OF KIN

RELATIONSHIP IF SIGNED BY NEXT OF KIN

RETURN TO: VILLAGE OF LOCKLAND POLICE DEPARTMENT/ADMINISTRATION
101 N. COOPER AVENUE
LOCKLAND, OH 45215