

APPLICATION FOR HANDICAPPED PARKING SPACE

REC: _____

FILE: _____

**DEPARTMENT OF TRANSPORTATION, TRAFFIC & PARKING
200 ORANGE STREET
NEW HAVEN, CT 06510**

THIS APPLICATION IS A REQUEST TO THE NEW HAVEN TRAFFIC AUTHORITY TO HAVE A "RESERVED FOR HANDICAPPED" PARKING SPACE POSTED ON THE PUBLIC STREET NEAR YOUR RESIDENCE. THE TRAFFIC AUTHORITY ACCEPTS SUCH REQUESTS FROM RESIDENTS WHO HAVE A NEED TO PARK A PERSONAL VEHICLE ON THE STREET. HOWEVER, ANY VEHICLE WITH A PROPERLY DISPLAYED, VALID, HANDICAP PARKING PERMIT MAY LEGALLY PARK IN THIS SPACE. DESIGNATED HANDICAP PARKING SPACES ARE NOT INTENDED FOR USE BY HANDI-VAN OR OTHER PICK UP-DROP OFF SERVICES.

APPLICANT: PLEASE PRINT OR TYPE

1. NAME OF PERMIT HOLDER: _____ PHONE: _____

2. ADDRESS: _____

3. STATE HANDICAPPED PARKING PERMIT NUMBER: _____

4. DATE OF EXPIRATION: _____

5. REGISTRATION NO. (LICENSE PLATE NO., MARKER NO.) OF VEHICLE: _____

6. NAME OF VEHICLE OWNER OR DRIVER: _____

7. ADDRESS: _____

8. NAME OF APPLICANT (IF DIFFERENT THAN PERMIT HOLDER): _____

9. RELATIONSHIP OF APPLICANT TO PERMIT HOLDER _____

10. DO YOU HAVE A DRIVEWAY OR

OTHER OFF-STREET PARKING SPACE?

YES

NO

IF YES, WHY DO YOU REQUIRE AN ON-STREET HANDICAPPED PARKING SPACE?

SIGNATURE: _____ DATE: _____

OFFICE USE ONLY BELOW LINE

INSP: _____ DATE: _____
ITEM: _____
DATE: _____
ACTION: _____

LOG: _____