



Finance Department
 1420 Miner Street, Des Plaines, IL 60016
 P: 847.391.5300 | W: desplainesil.gov

APPLICATION FOR INSTALLATION OF A RESERVED RESIDENTIAL PARKING SPACE FOR DISABLED PERSONS

Check One: ORIGINAL APPLICATION - \$30.00 RE-APPLICATION - \$20.00

RE-APPLICATION MUST BE SUBMITTED ON A YEARLY BASIS

NAME OF DISABLED PERSON:	PHONE NUMBER:
ADDRESS:	

Please initial and complete the following to determine eligibility for the program. The applicant, by affixing his/her initials and signature to this application, indicates that he/she has read and understands the attached material describing the provisions of the program and the eligibility criteria. Application **must** be signed and initialed to be considered.

In accordance with Section 7-3-14 of the City Code:

_____ Household does not own, rent or have regular use of a private driveway, carport, or garage that gives convenient access to the dwelling of the disabled person.

_____ Resident possesses a disability that necessitates special restricted parking. Please complete the following proof of disability.

Check the applicable box:

<input type="checkbox"/>	State of Illinois Person with Disabilities or Veteran Vehicle Registration ID Card issued to the Applicant.
<input type="checkbox"/>	State of Illinois Person with Disabilities or Veteran Vehicle Registration ID Card issued to Family Member of the applicant.
<input type="checkbox"/>	Township Disabled Parking ID Card Issued to the applicant.

Fill in the following:

ID CARD NO:	ISSUED BY TOWNSHIP OF (IF APPLICABLE):
STATE PLATE NO(S):	CITY VEHICLE STICKER NO(S):
COPY OF DISABILITY TAG OR PLATE REGISTRATION MUST BE ATTACHED	

Signature of Applicant: _____ Date: _____

If application is approved, the owner agrees to relocate the vehicle to allow for street maintenance, utility repairs, and snow removal efforts.

APPROVALS	<input type="checkbox"/> Yes <input type="checkbox"/> No	INITIALS	DATE
Finance Dept.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
STAC	<input type="checkbox"/> Yes <input type="checkbox"/> No		