

APPLICATION FOR RENEWAL OF PARKING PERMIT FOR PERSONS WITH SEVERE DISABILITIES

Name _____
Last First MI

Address _____

Date of Birth _____ Telephone # _____

Do you have license plates for Persons with Disabilities?

No Yes – my License Plate number is _____

Please sign the appropriate statement below:

I hereby certify that I am **requesting renewal** of my Parking Permit for People with Severe Disabilities under the same conditions as originally issued.

Date Signature

I hereby certify that I **do not have a Driver's License or Non-Drivers ID card** issued by the Department of Motor Vehicles. I am aware I may experience more law enforcement attention than in the past.

Date Signature

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OFFICE USE ONLY

Number of tags Issued: _____ (list numbers below)

Permanent Temporary

1st Parking Permit No. _____ Exp. Date _____

2nd Parking Permit No. _____ Exp. Date _____

Official signature: _____ Date: _____