



**APPLICATION FOR HANDICAP PARKING SPACE
CITY OF FALL RIVER
TRAFFIC COMMISSION
1 Government Center, Room 324
Fall River, MA 02722
(508) 324-2123**

If a parent, guardian, or spouse is filling out this application for a child or relative, please list the child or relative as the applicant. All information must be typed or printed in ink and signed. All questions must be completely answered. Attach additional sheets of paper with greater explanation as necessary. False statements will result in denial of the reserved residential disabled parking space or if granted, in revocation of same.

1. Applicant's Name : _____

2. Address: _____
Street ZipCode

3. Years Residing At Address Listed: _____

4. Telephone # (home): _____ (cell): _____

5. Do you Have? HP Plate # _____ Yes [] No [] HP Placard # _____ Yes [] No []

6. Are you the operator of the vehicle for which this space is requested? Yes [] No []

If yes, License Plate #: _____ Driver's License #: _____

Vehicle Make/Model: _____

7. Is your vehicle, equipped with special controls? Yes [] No []

If yes, please explain _____

If no, who are you dependent on for transportation? Name: _____

Address: _____ Telephone #: _____

Relationship: _____ Driver's License #: _____

Vehicle Make/Model: _____ License Plate # _____

Please provide a brief explanation as to why it is necessary to reserve a space on the street:

8. Are you the? Tenant Yes [] No [] Homeowner Yes [] No []

9. Is there off-street parking (such as a driveway, or garage) on the applicant's property? Yes No

10. If yes, please provide an explanation why this space cannot accommodate your need?

11. Is the area in front of your residence presently posted with parking and/or stopping restrictions?

Yes No

If yes, state which restrictions exist. _____

I hereby certify that all information furnished in relationship to this application is complete and true to the best of my knowledge and the reserved space requested is for my personal use.

Signature of Applicant/Guardian _____

I, understand that any false information submitted may result in the denial or revocation of the handicapped parking space.

Month _____ day of _____, 20 _____