

CITY OF FALL RIVER, MASSACHUSETTS

TRAFFIC COMMISSION

APPLICATION FOR HANDICAPPED PARKING SPACE

DATE: _____

NAME: _____

ADDRESS: _____
Street Number / Name City State Zip Code

PHONE: _____ YEARS RESIDING AT ADDRESS LISTED: _____

WHICH DO YOU HAVE? HP PLATE: NUMBER _____ HP: PLACARD. NUMBER: _____

ARE YOU A LICENSED DRIVER: YES ___ NO ___ DO YOU OWN A VEHICLE FOR YOUR USE: YES ___ NO ___

PLEASE PROVIDE THE PLATE NUMBER OF YOUR VEHICLE# _____

IS YOUR VEHICLE SPECIALLY EQUIPPED? IF YES, PLEASE PROVIDE A BRIEF EXPLANATION:

IF YOU DO NOT DRIVE, PLEASE PROVIDE A BRIEF EXPLANATION AS TO WHY YOU FEEL THAT IT IS NECESSARY TO RESERVE A SPACE ON THE STREET:

ARE YOU A TENANT OR HOMEOWNER: _____ IS OFF STREET PARKING AVAILABLE TO YOU SUCH AS A DRIVEWAY OR GARAGES: YES ___ NO ___

IF YOU ARE THE OWNER OF THE PROPERTY, PLEASE STATE WHY YOU CANNOT USE YOUR DRIVEWAY OR GARAGES.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

I UNDERSTAND THAT ANY FALSE INFORMATION SUBMITTED MAY RESULT IN THE DENIAL OR REVOCATION OF THE HANDICAPPED PARKING SPACE.

SIGNATURE