

APPLICATION FOR DISABLED PARKING SIGN

DATE: _____

NAME: _____ AGE: _____

ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

DO YOU POSSESS A CURRENT AUTO DISABLED INSIGNIA FROM THE HENDERSON COUNTY COURT CLERK? YES _____ NO _____

NAME OF PHYSICIAN: _____

SPECIFIC HANDICAP: _____

IS HANDICAP PERMANENT OR TEMPORARY? _____

IS DISABLED PERSON WHEEL CHAIR BOUND? YES _____ NO _____

OTHER CONTRIBUTING FACTORS: _____

IS OFF-STREET PARKING AVAILABLE? YES _____ NO _____ (If yes, please explain why parking space designation is being requested)

ATTACH DOCTOR'S STATEMENT (Application will not be reviewed unless doctor's statement is attached)

Please return to: City Clerk's Office, Henderson Municipal Center, P.O. Box 716, Henderson, KY 42419-0716