



Parking for Persons with Disabilities Request Form

Date: _____

Name of person requesting accessible parking: _____

**If requesting the accessible parking for someone living with you, please indicate your name [above] and indicate on the following line the name of the person you are making the request for:

Address: _____

Telephone # of Person Requiring Request: (____) _____

I request the following reasonable accommodation be made in regards to “Parking for Persons with Disabilities” [examples below] so that I or the person/persons living with me can equally use and enjoy the dwelling:

Examples of reasonable accommodations include, but are not limited to:

- Designating additional accessible parking
- Enforcing the designated parking spaces to ensure persons with disabilities have access to those spaces
- Designating a spot with the shortest accessible pedestrian route into the dwelling

I am requesting the above reasonable accommodation be made regarding persons with disabilities parking because:

Applicant, please check the following that apply. I have provided the following parking for persons with disabilities permit in the form of:

- Persons with disabilities registration plates
- Persons with disabilities parking sticker
- Removable windshield placard

Please note, your request will be reviewed and a response issued to you within two weeks. Additional information may be requested before an approval can be issued.

Applicant/Tenant Signature: _____