



Parking for Persons with Disabilities
Request by Telephone Form

Date: _____

Name of employee filling out request: _____

Name of tenant requesting persons with disabilities parking accommodation: _____

Address: _____

Telephone: (____) _____

Applicant request the following reasonable accommodation be made in regards to “Parking for Persons with Disabilities” [examples below] so that he/she or the person/persons living with them 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

Applicant is requesting the above reasonable accommodation be made regarding persons with disabilities parking because:

Ask the applicant which of the following information they can provide and inform them its best they submit the information as soon as possible to ensure a timely review of the request:

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

Employee please note: Inform applicant their request will be reviewed and a response issued within two weeks. Additional information may be requested before an approval can be issued.

Signature of employee filling out request: _____