



Parking for Persons with Disabilities Request Approval/Denial Form

Name of person requesting accessible parking: _____

Address: _____

Telephone: (____) _____

Approved/Denied by: _____

Title: _____

Telephone: (____) _____

After reviewing your request, we have decided to:

Approve your request

Deny your request

If approved; a persons with disabilities parking space will be designated _____:
(date)

Please note: the laws in Iowa regarding the dimensions of persons with disabilities parking space is in accordance with national standards. For proper width of space as well as access aisle dimensions, please refer to Iowa Code § 321L.5 (2). For proper signage, which properly indicates a persons with disabilities parking space, please refer to 661 Iowa Admin. Code §18.5.

If denied; it was for the following reasons:

No valid persons with disabilities permit

Other:

Signature: _____ **Date:** _____