



FINANCE DEPARTMENT  
 1420 Miner Street  
 Des Plaines, IL 60016  
 P: 847.391.5300  
 desplaines.org

APPLICATION FOR INSTALLATION OF A RESERVED  
 RESIDENTIAL PARKING SPACE FOR THE HANDICAPPED

Check One:  ORIGINAL APPLICATION - \$30.00     RE-APPLICATION - \$20.00

**RE-APPLICATION MUST BE SUBMITTED ON A YEARLY BASIS**

NAME OF HANDICAPPED PERSON:	PHONE NUMBER:
ADDRESS:	

Please initial and complete the following to determine eligibility for the program. The applicant, by affixing his/her initials and signature to this application, indicates that he/she has read and understands the attached material describing the provisions of the program and the eligibility criteria. Application **must** be signed and initialed to be considered.

In accordance with Section 7-3-140 of the City Code:

\_\_\_\_\_ Household does not own, rent or have regular use of a private driveway, carport, or garage that gives convenient access to the dwelling of the handicapped/disabled person.

\_\_\_\_\_ Resident possesses a disability that necessitates special restricted parking. Please complete the following proof of disability.

Check the applicable box:

<input type="checkbox"/>	State of Illinois Handicapped or Disabled Veteran Vehicle Registration ID Card issued to the Applicant.
<input type="checkbox"/>	State of Illinois Handicapped or Disabled Veteran Vehicle Registration ID Card issued to Member of the Handicapped.
<input type="checkbox"/>	Township Handicapped Parking ID Card Issued to Handicapped Person.

Fill in the Following:

ID CARD NO:	ISSUED BY TOWNSHIP OF (IF APPLICABLE):
STATE PLATE NO(S):	CITY VEHICLE STICKER NO(S):
<b>*COPY OF HANDICAPPED TAG OR HANDICAPPED PLATE REGISTRATION MUST BE ATTACHED*</b>	

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

APPROVALS	<input type="checkbox"/> Yes <input type="checkbox"/> No	INITIALS	DATE
Finance Dept.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
STAC	<input type="checkbox"/> Yes <input type="checkbox"/> No		