

APPLICATION FOR HANDICAP PARKING

Applicants for a Handicap Parkii	ig space must meet the following mi	mmum requirements:
Is a resident of the	community	
pursuant to section amended from time	13-616 of the Transportation Article of	Maryland Motor VehicleAdministration, of the Maryland Annotated Code, as ssued for reasons substantially similar
The following documentation mus	st accompany the application:	
A copy of the place	ard or license plate	
Date of Application:		
Unit Owner Name:		
Unit Address:		
Phone Number:	Email:	
Unit is (please check one):	□Owner Occupied □	Rented
If rented, please provide the followi	ng:	
Renters Name:		
Lease Term (Start and End Dat	res):	
Renter's Phone Number:	Renter's Email:	
Name of Handicapped:		
Location of Reserved Space Reques	sted:	_
Do you need access to a ramp at cur	rb (please check one): □Yes	□No
Handicap Vehicle Registration Tag	or Placard Number:	
Expiration Date:		
time the tag or placard is issued. Verifi- permanent tag or placard, the space is	ication tag or placard is renewed is requi designated for as long as the handicap p puired. If application is for a renter of the	card, the space is designated for the period of red to retain the space each year. If you have terson lives in the unit. Annual verification a unit the space will be designated for the
Office Use Only:		
Date Received:		\square Disapproved
Parking Permit #:		