

Davinna P. King-Ali, RMC, CMR, MAS
Municipal Clerk/Registrar of Vital Statistics
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HANDICAPPED PARKING APPLICATION

To the Applicant:

The City of Pleasantville and the Pleasantville Police Department have taken great strides to ensure that all residents that are in need of handicapped parking, and given the opportunity to apply for and be granted the privilege to have a handicapped parking space in the area of their residence.

First, the applicant must understand that a handicapped parking space cannot be reserved for any one vehicle. Any vehicle that has the proper Handicapped Registration, or proper Temporary Handicapped Permit can utilize the space.

Second, any applicant that has a home with a driveway will be declined; unless the driveway is small that it creates a risk of injury to the handicapped person.

The applicant must submit the application to the City Clerk along with the following:

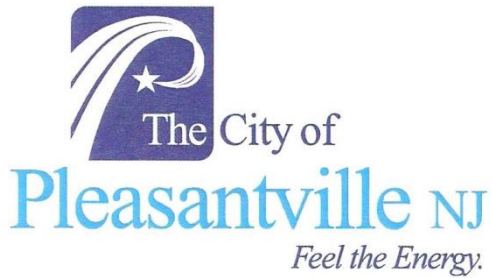
- 1) Application administrative fee of twenty five dollars (\$25.00). This is non-refundable.
- 2) Copy of Handicapped Registration, or Temporary Handicapped Permit.
- 3) Letter from Physician stating a need for the handicapped parking space.

If the application is approved, the applicant will be notified to submit a placement fee of one hundred dollars (\$100.00). This fee covers the cost of labor and materials for the construction and installation of the sign. This is a one-time fee. If the sign is damaged or in need of replacement, the cost will be borne by the City. If the City removes the sign the placement fee will not be refunded.

Please be advised that an approved Handicapped Parking Space (Sign) does not belong to the applicant. The applicant is not purchasing the sign. By the placement of the Handicapped Parking Space, this gives the applicant the privilege of parking in an area near their residence.

**THE APPLICANT HAS NO LEGAL RIGHT TO ASK ANOTHER
HANDICAPPED VEHICLE TO VACATE THE PARKING SPACE.**

Davinna P. King-Ali, RMC
Municipal Clerk



HANDICAPPED PARKING APPLICATION (Street Sign)

						Date:
(Last Name) (First) (Initial)			Drivers License Number:			
Address:					Telephone Number:	
Name of Doctor:			Address:			
Vehicle Registration:	Vehicle Make:	Model:	Year:	Color:	Vin. Number:	
Describe the reason for the place of the Handicapped Parking Sign that you are requesting:						
(OFFICIAL USE ONLY - DO NOT WRITE BELOW THIS LINE)						
\$25.00 Non-refundable Application fee paid: <input type="checkbox"/>		Date Paid:		\$100.00 fee paid <input type="checkbox"/>		Date Paid:
APPLICATION NUMBER:			POLICE TRAFFIC INVESTIGATOR:			
POLICE INVESTIGATION: Approved <input type="checkbox"/> Not approved <input type="checkbox"/> More information <input type="checkbox"/>				CITY HALL: Approved <input type="checkbox"/> Not approved <input type="checkbox"/>		
NOTES:						