

CITY OF HAVERHILL
APPLICATION FOR HANDICAP PARKING SIGN

*NEW _____
*RENEWAL _____

DATE OF REQUEST _____ DATE OF APPROVAL _____

NAME: _____

ADDRESS: _____

TELEPHONE #: _____

VEHICLE TYPE: _____

PLATE #: _____

Do you currently have off street parking at your residence? ____ Yes ____ No

If yes, why is there a need for a handicap parking sign? _____

Did you have a handicap parking sign at a previous address? ____ Yes ____ No

If yes, location? _____

x _____
Applicant Signature

- Please include a copy of your current handicap placard or handicap registration, along with this application.

____ Approve _____ Denied

____ Reason for denial

Chief of Police Signature

____ Approve _____ Denied

____ Reason for denial

City Council Approval

Please allow for a minimum of thirty (30) days for sign placement upon approval of City Council.

***ORDINANCE WILL EXPIRE 24 MONTHS FROM DATE OF APPROVAL.**

MAIL OR DELIVER COMPLETED APPLICATION TO CHIEF OF POLICE, 40 BAILEY BLVD.