

CITY OF HAVERHILL
APPLICATION FOR HANDICAP PARKING SIGN

*NEW _____
*RENEWAL X

DATE OF REQUEST 11/8-11 DATE OF APPROVAL _____

NAME: Carol Sawdette

ADDRESS: 95 Bellevue Ave

TELEPHONE #: 603-560-6954

VEHICLE TYPE: Kia Sedona Min-van

PLATE #: 8407-EE

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

If yes, why is there a need for a handicap parking sign? I have limited walk mobility

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

If yes, location? in front of house

X Carol Sawdette

Applicant Signature

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

✓ Approve _____ Denied

Reason for denial

[Signature]

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.

Complete Application on File in Clerk's Office