

CITY OF HAVERHILL
APPLICATION FOR HANDICAP PARKING SIGN

6.2.2

*NEW _____
*RENEWAL _____

DATE OF REQUEST 11-10-11 DATE OF APPROVAL _____

NAME: Donna M Stasio

ADDRESS: 16 Jackson St Apt 1

TELEPHONE #: 978-914-7472

VEHICLE TYPE: PT Cruiser (saden)

PLATE #: 32TP33

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 Donna M Stasio
Applicant Signature

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

Approve ___ Denied

_____ Reason for denial

Alan R. P. [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