

CITY OF HAVERHILL
APPLICATION FOR HANDICAP PARKING SIGN

*NEW
*RENEWAL

DATE OF REQUEST 11-26-11 DATE OF APPROVAL _____

NAME: LESTER MARWIEJ

ADDRESS: 25 HILLSIDE ST HAVERHILL MA

TELEPHONE #: 978-556-9443

VEHICLE TYPE: TOYOTA CAMRY

PLATE #: HP 95 AT

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

If yes, why is there a need for a handicap parking sign? People park blocking my entry to my house. MANY TIMES I use a walker and I can not get by.

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

If yes, location? _____

x [Signature]
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