

**BELLEVILLE POLICE DEPARTMENT
TRAFFIC BUREAU
HANDICAPPED PARKING SPACE REQUEST**

(Please print in Ink)

LAST NAME, FIRST NAME: _____

ADDRESS, FLOOR, APARTMENT #: _____

DAYTIME PHONE #: _____ NIGHTTIME PHONE #: _____

DO YOU: OWN or RENT DOES THE HOME HAVE A DRIVEWAY: YES or NO

DO YOU HAVE ACCESS TO THE DRIVEWAY: YES or NO

IS THE DRIVEWAY HANDICAPPED ACCESSABLE? YES or NO

IS THERE ANY OFF STREET PARKING AVAILABLE: YES or NO

HANDICAPPED PLACARD NUMBER OR HANDICAP LICENSE PLATE NUMBER _____

NUMBER OF CARS IN FAMILY: _____ (Attach copies of each car registration of household and a copy of your handicap identification card and/or placard.)

DESCRIBE YOUR TYPE OF DISABILITY AND REASON FOR HANDICAP RESERVED PARKING SPACE: _____

SIGNATURE: _____

(DO NOT WRITE BELOW THIS POINT)

DATE RECEIVED: _____ DATE INVESTIGATED: _____

INVESTIGATED BY: _____ REMARKS: _____

ZONE LOCATION

POINT/APEX MEASURED FROM	DISTANCE TO START OF THE ZONE IN FEET	NORTH/SOUTH/EAST/WEST

(DIAGRAM ON BACK)