



City of Sidney

Brian Green, Street Superintendent
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APPLICATION FOR RESIDENTIAL HANDICAPPED PARKING SPACE

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

VEHICLE (make/year): _____

LICENSE PLATE/CARD NUMBER: _____

1. _____ Is the applicant permanently handicapped?
2. _____ Does the applicant possess either a handicapped license plate or a permanent parking card as issued by the registrar of motor vehicles? Verified by City__
3. _____ Is it practical for the handicapped person to use an existing driveway or a pull-off area from an alley? If no, why?

 Verified by City__
4. _____ Would the construction of a driveway have a negative impact on the surrounding areas or is it otherwise not practical due to terrain or vegetation? Why? _____

 Verified by City__

I hereby certify that I have a handicapped license plate/card issued by the State of Ohio, and that I expect to be qualified to use that handicapped plate for one year. I understand that if this application is approved, the handicapped parking space, which is established, will be available to any person with a handicapped license plate/card.

Signature

Date

Approved / Denied _____
Brian Green, Street Superintendent

Date