



NEW  
RENEWAL

Brian Green, Street Superintendent  
415 S. Vandemark Road  
Sidney, OH 45365  
Office: 937-498-8159  
Fax: 937-498-8150  
[bgreen@sidneyoh.com](mailto:bgreen@sidneyoh.com)

**APPLICATION FOR RESIDENTIAL HANDICAP PARKING SPACE**

\*\*\* All fields must be filled out completely \*\*\*

APPLICANT NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Sidney, OH 45365

PHONE #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

VEHICLE YR/MAKE: \_\_\_\_\_ / \_\_\_\_\_ VEHICLE MODEL: \_\_\_\_\_  
EXAMPLE: 2008/CHEVY EXAMPLE: MALIBU

LICENSE PLATE#: \_\_\_\_\_ HDCP PLACARD #: \_\_\_\_\_

EXPIRATION DATE/MONTH: \_\_\_\_\_

1. YES or NO Is the applicant **PERMANENTLY** handicapped?
2. YES or NO Does the applicant possess either a handicapped license plate or a permanent parking card as issued by the registrar of motor vehicles?
3. YES or NO Is it practical of the handicapped person to use an existing driveway or pull-off area from the alley? If No, please explain why?  
\_\_\_\_\_  
\_\_\_\_\_
4. YES or NO 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? If it would, why?  
\_\_\_\_\_  
\_\_\_\_\_

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, it must be renewed yearly and that the handicap parking space will be available to any person with a handicapped license plate/placard.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

City use only below this point

<input type="checkbox"/> Approved <input type="checkbox"/> Denied	_____ Brian Green, Street Superintendent	_____ Date
--	---	---------------