

ACCESSIBLE PARKING SIGNAGE REQUEST

GOVERNMENT DATA PRACTICES ACT: The data you supply on this form will be used to process your request. You are not legally required to provide this data, but we will be unable to process your request without it. The data you provide is public. If you have any questions, please call the Parking Services Division at 730-5470.

NAME OF AP	PPLICANT:	
ADDRESS:_		
ZIP CODE:	TELEPHONE:	
DISABILITY F	PERMIT #:	EXPIRATION DATE:
REASON FO	R REQUEST:	
WHO WILL USE THIS ZONE? (applicant's car, Stride bus, etc.):		
(Diago	and had all for fruit an	
(Please	e use back side for further	explanations, sketches, etc. if necessary.)
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	(FOR	OFFICE USE)
Field Review Comm	nents:	
Received:	Field Trip:	To Disability Commission: