

APPLICATION FOR CONSIDERATION OF ON-STREET DISABLED PARKING

Return Completed Form To:
Muscatine Public Works Department
Attn: Traffic Committee
1459 Washington Street
Muscatine, IA 52761

Information must be printed clearly, all questions must be answered completely, and supporting documentation must be included - incomplete applications will be returned, resulting in a delay of processing the application.

Today's Date: _____ Application Type: NEW RENEWAL OF EXISTING SPACE

1. **APPLICANT INFORMATION** (Applicant refers to the person with a disability who is in need of parking)

APPLICANT'S NAME: _____

ADDRESS: _____ APT. #: _____

(Proof of residency is required – such as a utility bill, driver's license, rental agreement, or property tax bill)

PHONE NUMBER: _____

IA-DMV Disabled Placard Number: _____ Expiration: _____

2. **PROPERTY INFORMATION**

Do you reside at this address year-round, without extended periods away? Yes No

Specify the location of placement of the space which is being requested and how it is currently unable to be accommodated (if not enough space, please attach a separate paper with further explanation).

3. **AUTHORIZATION BY APPLICANT**

I certify that the above information is true and accurate. I fully understand that the installation of Accessible Parking signs at my residence does not reserve a parking space for my personal use. It makes a space available for use by any vehicle with a valid Disabled plate or placard. I understand that abuse or violation of this agreement may result in removal of the Accessible Parking space. I further understand that should this parking space be determined to be in violation of the Americans with Disabilities Act, the sign shall be removed and the space returned to general use by the public.

Applicant Signature

Date