

PURPOSE OF A HANDICAP PARKING SPACE – REMOVAL REQUEST PERMIT

A Handicap Parking Space – Removal Request Permit is required to remove a Reserved Handicap Parking Space that is no longer needed by the original applicant.

APPLICANT INFORMATION

Name of Person Requesting Removal:

Location of Handicap Parking Space:

Reason for Removal:

Phone Number:

Email:

OWNER INFORMATION

First Last Name:

Mailing Address:

ACKNOWLEDGMENT AND AUTHORIZATION

The undersigned acknowledges that the information provided herein is accurate to the fullest extent of their knowledge.

_____ **Applicant Name**

_____ **Date**

_____ **Applicant Signature**

_____ **Title**

OFFICE USE ONLY

Original Tracking No:

Name:

Removal Letter Date: