

PURPOSE OF A HANDICAP PARKING SPACE REQUEST PERMIT

A Handicap Parking Space Request Permit is required for the installation of a reserved parking space on a public street, alley, parking lot, or right-of-way for the parking, stopping and standing of motor vehicles displaying a parking card issued under R.C. § 4503.44 or is being operated by or for the transport of a handicapped person and is displaying the special license plates authorized by R.C. § 4503.44.

SUBMITTAL REQUIREMENT CHECKLIST

Application

Photocopy of The OBMV Handicap Parking Placard

APPLICANT INFORMATION

Name of Handicap Person:

Phone Number:

Address of Handicap Person (Proposed Space):

- | | | |
|--|------------------------------|-----------------------------|
| 1. Does the Applicant have a valid handicap placard or license plate by the State of Ohio? (If yes, please attach a photocopy) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Does the Applicant occupy the real property abutting the proposed handicap parking space? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Does the Applicant or an immediate member of their family own the motor vehicle using the proposed handicap parking space? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Does the Applicant lack off-street parking in the immediate vicinity of the proposed handicap parking space? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Applicants must be severely handicapped in that he or she has lost the use of one or both legs, one or both arms, is blind or deaf and cannot move about without the aid of crutches, walker or a wheelchair or similar equipment.

PROPERTY OWNER

Name(s):

Address:

City:

State:

Zip:

ACKNOWLEDGMENT AND AUTHORIZATION

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

Applicant Signature

Date