



Wildwood Crest Police Department



6101 Pacific Avenue
Wildwood Crest, New Jersey 08260
Phone: 609-522-2456 Fax: 609-523-8243

DISABLED PARKING APPLICATION

New () Renewal ()

Name of disabled person: _____

Address of disabled person: _____

Telephone #: _____

Permanent Address of disabled person: _____

Name of owner of vehicle: _____

Is this property residential? _____ commercial? _____

Do you own or rent the property? _____

If you rent, owner's name/address/telephone: _____

Do you have off street parking? Yes No If yes, how many spaces? _____

Do you have disabled license plates? Yes No

If yes, attach copy of your disabled person identification card.

Do you have a disabled permit? Yes No *If yes, attach copy of permit.*

Name of person making application (if different): _____

Address of person making application (if different): _____

Telephone # (if different): _____

If you do not have a disabled permit or license plates, you must attach a letter from your doctor indicating the type of disability and the expected duration.

*****A copy of the vehicle's registration is required.*****

Signature of applicant/Date

For WCPD review:

Site inspected by: _____ Date: _____

Approved ()

Disapproved ()

If approved, location of sign & post: _____

Date installed: _____

Remarks:

Chief of Police/OIC