



Wildwood Crest Police Department
6101 Pacific Avenue
Wildwood Crest, NJ 08260
(609) 522-2456

HANDICAPPED PARKING APPLICATION

Name of handicapped person: _____

Address of handicapped person: _____

Telephone #: _____

Name of owner of vehicle: _____

Is this property residential? _____ commercial? _____

Do you own or rent the property? _____

If you rent, owner's name and address: _____

Do you have off street parking? Yes _____ No _____

If yes, how many spaces? _____

Do you have handicapped license plates? Yes _____ No _____

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

Do you have a handicapped permit? Yes _____ No _____

If yes, attach copy of permit.

Name of person making application: _____

Address of person making application: _____

Telephone #: _____

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

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

Signature of person applying

Date

Sight inspected by: _____ Date: _____

Approved ()

Disapproved ()

If approved, location of sign & post: _____

Date installed: _____

Remarks:

Chief of Police