

APPLICATION FOR HANDICAPPED PARKING PRIVILEGES INSTRUCTIONS

Attached you will please find an application for handicapped parking privileges. The application must be complete to be accepted for consideration.

A complete application consists of:

- Copy of the permanent Handicapped ID Card and Placard issued by the New Jersey Motor Vehicle Commission.
- Completed application by applicant's physician detailing the reason for the request as well as specific condition (Doctor's letterhead or prescription pad is also acceptable).
- Copy of registration card issued by the New Jersey Motor Vehicle Commission, of vehicle registered to applicant's address.

The Township Office **will not** accept incomplete applications.

Each case will be separately reviewed before an Advisory Board, whose recommendations will be forwarded to the Township Committee for their consideration.

APPLICATION FOR HANDICAPPED PARKING PRIVILEGES

Name of Applicant: _____ Phone: _____

Address of Applicant: _____

Disability:

Paralysis

Loss of Ambulatory Function

Other: _____

In detail, please explain and describe reason for request for handicapped parking privileges, as well as any specific condition you feel would entitle you to this consideration.

Each case will be separately reviewed before an Advisory Board, whose recommendations will be forwarded to the Township Committee for their motions.

Please return this application to the Township Office.

Approved

Denied