



# 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): \_\_\_\_\_

**\*\*\* 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