



**HIGHBRIDGE**  
 COMMUNITY DEVELOPMENT CORPORATION

**PARKING APPLICATION**

**MAIL APPLICATION TO:** Highbridge Community Development Corporation  
 1465 Nelson Avenue, Suite A  
 Bronx, NY 10452

<b>1</b>	Applicant's name: _____ <div style="display: flex; justify-content: space-around; font-size: small; margin-top: 5px;"> <span>_____ Last</span> <span>_____ First</span> <span>_____ Middle</span> </div>
<b>2</b>	Current Address: _____
<b>3</b>	Current Telephone Number: _____ <div style="display: flex; justify-content: space-around; font-size: small; margin-top: 5px;"> <span>_____ Cellular</span> <span>_____ Home</span> </div>
<b>4</b>	Email address: _____
<b>5</b>	Vehicle description? _____ <div style="display: flex; justify-content: space-around; font-size: small; margin-top: 5px;"> <span>_____ Make</span> <span>_____ Model</span> <span>_____ Year</span> </div> <div style="text-align: right; margin-top: 10px;"> <input type="checkbox"/> Passenger Car           <input type="checkbox"/> Van/SUV           <input type="checkbox"/> Motorcycle       </div> <p>License plate no. _____</p>
<b>6</b>	Do you own more than one (1) vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please note that only the vehicle registered to this space is permitted to park in this location)
<b>7</b>	Do you require a handicapped parking space? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, do you own a handicapped placard? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>8</b>	Indicate location: <input type="checkbox"/> 1926 Crotona Parkway, Bronx, NY 10460  <input type="checkbox"/> 1150 Tiffany Street, Bronx, NY 10459