

VILLAGE OF WESTCHESTER, ILLINOIS
APPLICATION FOR HANDICAPPED RESIDENTIAL PARKING SPACE

Part A - To be completed by the Applicant or in the Applicant's name

Name: _____
(Last Name, First Name, Middle Initial)

Address: _____
(House Number, Street Name, Zip Code)

Telephone Numbers: Home: _____ Work: _____

Current Vehicle Registration Number: _____

Name and Full Address of Property Owner (if Same as Applicant, write "Same"):

1. Does the property have a driveway? Yes No
2. Number of vehicles driveway can hold: _____
3. Width of Driveway: _____ feet _____ inches
4. Are you a Tenant/Renter? Yes No
 - a. Is there off-street parking available to you? Yes No
 - b. If NO, is a letter from landlord attached? Yes No
5. Does your disability impair your mobility? Yes No
 - a. Has a doctor verified your disability? (See PART C) Yes No

PART B - Other Documentation Required

Are the Following Required Documents Enclosed:

1. Photocopy of current vehicle registration? Yes No
2. Photocopy of HP Placard (if applicable)? Yes No
3. Letter from property owner (if applicable)? Yes No
4. Completed Physicians Form (PART C)? Yes No

APPLICANT CERTIFICATION:

I hereby certify that I, _____, have provided information that is correct and free of defect. I further understand that the Village will determine the status of this application based upon the information contained in this application. Any information that is determined to be incorrect or incomplete may be reason for the Village to deny this application.

Name: _____ Date: _____

Signature: _____

OFFICE USE ONLY

Received by: _____ Date: _____

Reviewed by: _____ Date: _____
Chief of Police or Designee

Reviewed by: _____ Date: _____
Village Manager

Status: _____
Denied Approved PW Notified / Date

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Part C - To be completed by Applicant's Physician.

TO PHYSICIAN: Approval for a residential handicapped parking space is based upon information provided by you. If your patient has an "invisible disability" or one that is not easily identified or verified based on visual observation, it is incumbent upon you to specify the degree, level, and/or severity of functional impairment in order for the Village of Westchester to make a fair evaluation of this application. Handicapped parking spaces are available for those with permanent disabilities only.

PLEASE COMPLETE THE FOLLOWING:

Name of Applicant: _____
(Last Name, First Name, Middle Initial)

Address: _____
(House Number, Street Name, Zip Code)

1. Is the Applicant mobility impaired? Yes No
2. What is the ambulatory range of the Applicant (in feet): _____
 - a. Without rest? _____ feet
 - b. With intermittent rest? _____ Feet
3. What is the prescribed ambulatory aide (i.e., cane, walker)? _____
4. Is there any permanent loss of limb or loss of use? Yes No
5. Please describe the functional disability which makes a handicapped parking space essential:

CERTIFICATION:

I hereby certify that the subject applicant has a permanent functional disability as described above.

Physician's Name: _____ Date: _____

Signature: _____