

CITY OF HAVERHILL
APPLICATION FOR HANDICAP PARKING SIGN

*NEW _____

*RENEWAL _____

DATE OF REQUEST _____ DATE OF APPROVAL _____

NAME: _____

ADDRESS: _____

TELEPHONE #: _____

VEHICLE TYPE: _____

PLATE #: _____

Do you currently have off street parking at your residence? ____ Yes ____ No

If yes, why is there a need for a handicap parking sign? _____

Did you have a handicap parking sign at a previous address? ____ Yes ____ No

If yes, location? _____

x _____
Applicant Signature

- Please include a copy of your current handicap placard or handicap registration, along with this application.

_____ Approve _____ Denied

_____ Reason for denial

Chief of Police Signature

_____ Approve _____ Denied

_____ Reason for denial

City Council Approval

Please allow for a minimum of thirty (30) days for sign placement upon approval of City Council.

***ORDINANCE WILL EXPIRE 24 MONTHS FROM DATE OF APPROVAL.**

MAIL OR DELIVER COMPLETED APPLICATION TO CHIEF OF POLICE, 40 BAILEY BLVD.

If you move before the expiration of the HP sign, please contact the police and inform them of your change of address. (Signs are not transferrable to new locations.)