City of Henderson, Kentucky

APPLICATION FOR HANDICAP PARKING IN RESIDENTIAL AREA

DATE:_____

NAME:_____AGE:_____

ADDRESS:_____

TELEPHONE:_____

DO YOU POSSESS A CURRENT AUTO DISABLED INSIGNIA FROM THE HENDERSON COUNTY COURT CLERK? YES_____ NO_____

NAME OF PHYSICIAN: _____

SPECIFIC HANDICAP: _____

_____

IS HANDICAP PERMANENT OR TEMPORARY? _____

WHEEL-CHAIR BOUND? YES_____ NO_____

OTHER CONTRIBUTING FACTORS: _____

_____

IS OFF-STREET PARKING AVAILABLE? YES_____ NO_____

ATTACH DOCTOR'S STATEMENT (Application will not be approved unless doctor's statement is attached)

Please return to:
The Office of the City Clerk
222 First Street
P.O. Box 716
Henderson, Kentucky 42419

03-03-04
June 26, 2002