



Village Of Maywood

Residential Handicap Parking Permit Application Packet

This packet is for the Maywood residents who are requesting a handicap parking space in front of their residence due to a medical condition requiring them to be able to have easy access to their residence. The requirements and conditions for this permit are provided within this packet. A checklist has also been provided in order to ensure that all required documents and information are provided at the time of the application submittal.

Note: No application will be accepted without all required information and documentation.

Conditions:

- This permit is for residents with permanent disabilities. Residents with temporary disabilities will not qualify for designated handicap parking in front of their residence.
- Proof of residency must be provided at the time of application. A current village vehicle sticker must be purchased or on file.
- All supporting documentation must be provided by your physician at the time of the application.
- Should the resident change their vehicle, the village must be notified immediately in order for a temporary permit to be issued.
- A current and valid handicap placard must have been issued by the State of Illinois.
- Any and all of the conditions above may be modified by the Village of Maywood Traffic & Safety Commission at any time. Failure to comply with these conditions could result in the residential handicap parking permit to be revoked.



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Requirements Checklist:

- _____ Copy of current and valid handicap placard from the State of Illinois

- _____ Copy of Illinois application for handicap parking placard

- _____ Doctor documentation supporting the need for handicap permit

- _____ 2 documents for proof of residency (*must have current Maywood address*)
 - _____ Driver license
 - _____ Illinois ID card
 - _____ Utility bill
 - _____ Paycheck
 - _____ Bank statement
 - _____ Voter registration card

- _____ Completed residential handicap parking permit



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Residential Handicap Parking Permit Application

Name: _____

Date: _____

Address: _____

Phone: _____

Vehicle Make: _____

Vehicle Model: _____

License Plate: _____

Vehicle Color: _____

Vehicle Year: _____

Reason For Request:

Temporary Disability

Permanent Disability

I acknowledge that the above fact are true to the best of my ability. I understand that any falsification of the information provided will be grounds for immediate rejection of my application. I also agree to all terms and conditons regarding the handicap parking permit.

Signature _____

Date _____

Printed Name _____

Office Use Only

Approved

Denied

Authorized Signature _____

Date _____