



# 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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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 \_\_\_\_\_