

**ELSMERE BUREAU OF POLICE
HANDICAP PARKING
APPLICATION**

Name

Address

City State Zip

Home Phone Number

Work Phone Number

Vehicle Make

Model

Year

Handicap Registration Number

Disability

Physician Name Phone Number

I certify that the applicant meets the requirements under Chapter 116-1 A of the Town of Elsmere Code

Physician Signature Date

My signature below certifies that the information provided is true and correct and that I have recieved and will abide by all provisions contained in the Town of Elsmere handicap code

Signature Date

Chief Approved
 Denied

Public Works Request Completed: