



505 Commonwealth Ave.

Erlanger, KY 41018

(859) 727-2525

ON-STREET HANDICAP PARKING APPLICATION

Please print.

New _____ Renewal _____

Name of Applicant: _____

Address of Applicant: _____

Phone Number: _____

Indicate the type of handicap designation of the applicant:

- Handicap license plate (include plate #) _____
- Disabled Veteran License plate (include plate #) _____
- Handicap parking permit (include permit #) _____

Do you, or any other member of your immediate family operate a motor vehicle that will use this space on a daily basis? Yes _____ No _____

Provide make, model and plate# _____

Does the applicant have available off-street parking on property referred to above? Yes _____ No _____

If so, please provide length and width: _____

Have any other members of your household been granted on-street handicap parking space? Yes _____ No _____

Can vehicles legally park on the same side of the street as applicants' residence? Yes _____ No _____

FEE

A \$100.00 fee must be paid once approved, checks should be made to the City of Erlanger.

Please provide a brief description as to why the on-street handicap parking space is needed:

RENEWAL

Applications must be renewed by July 30th of each year, failure to do so shall be grounds for removal of the handicap parking sign. Bring your "Hang Tag" or copy of your registration receipt with you at the time of application or renewal. Pursuant to Ord.# 2436.

Residential on-street handicapped parking spaces are NOT reserved for the exclusive use of any individual. Any handicap person having the proper handicap designation on a vehicle may use an on-street handicap parking space.

Applications are submitted at: Erlanger City Building
505 Commonwealth Avenue
Erlanger, KY 41018
(859) 727-2525

Signature of applicant: _____ Date: _____

If you are completing this application for someone else please state your relationship: _____

APPROVED <input style="width: 50px; height: 30px;" type="checkbox"/>	DENIED <input style="width: 50px; height: 30px;" type="checkbox"/>
Reason if Denied: _____	

Signature: _____	Date: _____