

**City of Ann Arbor
Residential Disability Accessible
Parking Space Request Form**



Return to:

City of Ann Arbor-Project Management
100 N. Fifth Ave. – 4th Floor
P.O. Box 8647
Ann Arbor, MI 48107-8647
Phone: (734) 994-2744

Name:(first)_____ (middle initial)_____ (last)_____

Address:_____ Zip:_____ Telephone Number:(_____)

Description of location of proposed disability accessible parking space:

Describe your need for a disability accessible parking space:

Is the petitioner the holder of a Disability License Plate or Placard? [] Yes [] No

If 'No', please explain:

What is the name on the registration on the Disability License Plate or Placard?

Disability License Plate Number:_____ Disability License Plate State:_____

And/or

Disability Placard Number:_____ Disability Placard State:_____

Please attach a copy of your valid handicap vehicle registration or placard.

I hereby certify that the above information is accurate and complete:

Signature of Applicant:_____ Date:_____

OFFICE USE ONLY
(do not write below this line)

Received by:_____ Initials:_____ Date Received:_____