



**CITY OF FORT THOMAS
APPLICATION FOR ON-STREET
HANDICAP PARKING SPACE**

Please print or type.

Name of Applicant: _____

Address: _____

Phone: _____

Name of Owner (If Different than Applicant): _____

Address of Owner: _____

(Written authorization from landlord required if residence is rented. Please attach.)

Indicate type of handicap designation:

- a. Handicap License Plate (Include Plate #): _____
- b. Disabled Veteran License Plate (Include Plate #): _____
- c. Handicap Parking Permit (Include #): _____

For handicap parking permit issued by County Clerk, please include expiration date: _____

Driver's License Number: _____ Expiration Date: _____

Make and Model of car owned by applicant: _____

(Proof of Ownership shall be attached)

Does the Applicant have available off-street parking on the property referred to above? Yes___ No___

Provide a brief description as to why the on-street handicap parking space is needed.

Initial Application Fee: \$50.00 _____ Cash _____ Check

Re-application Fee: \$ 5.00 _____ Cash _____ Check

Signature of Owner: _____

Signature of Applicant: _____

Any handicap person having the proper handicap designation on a vehicle may utilize an on-street handicap parking space. The on-street handicap designation shall expire on December 31 annually. The applicant shall be required to re-apply within 30 days after the expiration to provide proof the on-street handicap parking designation remains warranted. A re-application fee of five dollars (\$5.00) shall be submitted upon re-application.