

HANDICAP PARKING SPACE APPLICATION

Mailed application will not be accepted. Application MUST be delivered to the Records Division located at 900 Clifton Ave. Clifton NJ with the proper paperwork and payment

Parking space designed for **ANY** Handicapped placard (NO CHARGE)

Parking space designed for **SPECIFIC PERSONAL**. Handicapped placard (**\$25 FEE**)

PLEASE DO NOT MAIL. Please Pay Cash or Money Order or Personal Checks at the Records Window.

Hours: 10am to 4pm Monday—Friday

Date: _____

Name: _____

Phone: _____

Address: _____

DRIVERS LICENSE NUMBER: _____

VEHICLE: _____

YEAR: _____

PLACARD NUMBER: _____

EXPIRES: _____

PLATE NUMBER: _____

I.D. CARD NUMBER: _____

OWNER OF PROPERTY: _____

PHONE: _____

I am making a application for a Handicap Parking Space in front of my home. I understand that it is my responsibility to notify the Clifton Police Department if the space is no longer required due to my no longer driving, change of address, etc. I also understand that handicapped spaces are provided only for the handicapped driver of the vehicle.

SIGNED: _____

ATTACH COPIES OF DRIVER LICENSE, REGISTRATION, AND I.D. CARD. RETURN THIS APPLICATION ALONG WITH PAYEMENT TO THE RECORDS DIVISION WHO WILL THEN FORWARD PAPERWORK TO THE TRAFFIC DIVISION.

NOTE: If you are not the property owner, please supply an authorization letter from the property owner. Also, if the property has a driveway, include a written explanation as to why you are unable to use same.