

EAST RUTHERFORD POLICE DEPARTMENT
TRAFFIC SAFETY BUREAU

HANDICAPPED PARKING
REQUEST FORM

NAME _____
Last First MI

ADDRESS _____

Handicapped Parking Permit# _____
NJ Driver's License # _____

Driveway accessibility? Please circle: Yes or No
Does your disability require the use of a walker or wheelchair? Yes or No
Do you transport yourself? Yes or No

The following section shall be completed and signed by a licensed physician

* In your opinion, does the above applicant have a neuromuscular-skeletal and/or medical disability to the extent that it precludes him/her from being left unattended while a driver arrives with a vehicle? Yes or No

* In your opinion, does the above applicant have a disability that requires a parking space in front of their residence? Yes or No

Print Name of Physician _____
Address of Physician _____
Signature of Physician _____ Date _____

Signature of Applicant _____ Date _____