

Village of Evergreen Park

Cathy Aparo, Village Clerk

APPLICATION FOR TEMPORARY HANDICAPPED PARKING CARD

Name of handicapped person: _____

LAST

FIRST

Address _____ Evergreen park, IL 60805

Phone Number _____ - _____ - _____

Age: _____

IF APPLICATION IS MADE ON BEHALF OF A HANDICAPPED PERSON, PLEASE INCLUDE THE FOLLOWING INFORMATION ABOUT YOURSELF:

Name _____ Relationship _____

Address _____ City _____

Phone # _____ - _____ - _____ Zip Code _____

IMPAIRMENT

(please circle one)

Neurological Arthritic Disorder Orthopedic Blindness

Respiratory Cardiac Loss of Function of Limb Absence of Limbs

Is this a temporary or permanent disability? Temporary _____ Permanent _____
(please check one)

IS YOUR PHYSICIANS LETTER OF CERTIFICATION ATTACHED? _____

(No handicapped parking card will be issued without an accompanying letter of Certification from your physician.) I hereby apply for a handicapped parking card under the statutory provision. (Chapter 95, PAR. 1-159, Illinois Revised Statutes) and certify that my physical condition entitles me to the issuance thereof. I am also aware that the handicapped parking device must not be used unless I am a passenger in the vehicle.

SIGNATURE OF APPLICANT

SIGNATURE OF PERSON APPLYING IN BEHALF ON DISABLED PERSON

Permit # _____ Date Issued _____ Date Expires _____

Issued By _____

* Per State Statute – Placard limited to 3 months