



HANDICAP PARKING SPACE APPLICATION

DATE _____

NAME _____ PHONE _____

ADDRESS _____

DRIVERS LICENSE NUMBER _____

VEHICLE _____ YEAR _____

PLACARD NUMBER _____ EXPIRES _____

PLATE NUMBER _____ I.D. CARD NUMBER _____

OWNER OF PROPERTY _____

PHONE NUMBER _____

I am making 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 a vehicle.

Signed _____

ATTACH COPIES OF DRIVERS LICENSE, REGISTRATION, AND I.D. CARD.
RETURN THIS APPLICATION ALONG WITH COPIES TO CLIFTON POLICE TRAFFIC DIVISION, 900 CLIFTON AVENUE, CLIFTON, NEW JERSEY, 07013.

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.