



City of Greenville

100 Public Square
Greenville, OH 45331
(937) 548-1819

APPLICATION FOR SPECIAL PARKING FOR HANDICAPPED PERSON

I, _____, of _____

Greenville, Ohio, do hereby make application to the Director of Public Safety and Chief of Police for the creation of a special parking location/privilege along a public street. I understand that the Director of Public Safety must be satisfied that a handicapped condition does exist and that a physician's certification of my condition may be required.

I also understand that the Director of Public Safety, in agreement with the Chief of Police, shall review my application and determine that there is no other reasonable alternative to the creation of the special parking location than to restrict the use of a metered or unmetered parking area.

The Director and/or Chief of Police shall determine time limits for the use of such special parking locations and the City shall post signs indicating that the area is restricted for use by the handicapped person(s) for certain periods. The Director and/or Chief shall have the authority to revoke such special parking privileges when conditions no longer indicate their necessity. City Council shall be advised as to the creation of such parking spaces.

I, _____, do hereby acknowledge my understanding as to the requirements of this application. I also give any physician or medical facility which has personal medical information pertaining to my condition to release any and all information to the Safety/Service Director or Chief of Police for the City of Greenville, Ohio, for their review in determining whether or not my medical condition meets the requirements for consideration for a special parking space.

signature

Date

social security number

date of birth

witnessed by: