

**CITY OF DAYTON
DISABLED ON - STREET PARKING
APPLICATION**

SECTION 1 *(To be completed by applicant)*

The individual for whom the on-street handicap parking space is requested shall complete this application.

Name of Applicant: _____

Address: _____

Phone: _____

Serial number of Vehicle: _____

License Plate # _____ State _____

Do you have a disabled license plate? _____

Do you have a permit issued by county clerk? Please provide permit number _____

Do you own the home at the above address? _____

Do you have off-street parking? _____

Do you drive the vehicle yourself? _____

Is this vehicle registered in Campbell County? _____

I agree to notify the City Clerk or designee within 15 calendar days of any change in status that would discontinue the need for a disabled parking space such as, but not limited to, improvement of physical condition necessitating handicap parking space or a change in residency.

I hereby certify that the information is to the best of my knowledge correct and that I will abide by the term and conditions of all laws, statutes and ordinances regulating the on-street handicap parking space.

(Signature of Applicant)

(Date)

