



**ANNUAL RE-APPLICATION FOR ON-STREET PHYSICALLY
CHALLENGED ACCESSIBLE PARKING SPACE**

APPLICANT:	TELEPHONE:
ADDRESS:	EXISTING LOCATION OF ACCESSIBLE PARKING SPACE: (i.e., street name and address, front or side of property, etc.)
CITY: ZIP:	
VEHICLE LICENSE PLATE NO.	PARKING PLACARD NO. AND COLOR

Please describe your continued need for an on-street physically challenged accessible parking space:

Applicant's Signature

Date