



CITY OF SAN MATEO - Department of Public Works



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

APPLICANT:	TELEPHONE:
ADDRESS: CITY: ZIP:	EXISTING LOCATION OF ACCESSIBLE PARKING SPACE: (i.e., street name and address, front or side of property, etc.)
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