



CITY OF SAN MATEO - Department of Public Works

APPLICATION TO REMOVE ON-STREET PHYSICALLY CHALLENGED ACCESSIBLE PARKING SPACE



APPLICANT:	TELEPHONE:
ADDRESS:	LOCATION OF ON-STREET ACCESSIBLE PARKING SPACE TO BE REMOVED: (i.e., street name and address, front or side of property, etc.)
CITY: ZIP:	

Reason for requesting the removal of the existing on-street physically challenged accessible parking space: _____

Applicant's Signature

Date