

**DEPARTMENT
OF PUBLIC WORKS**

William Rodriguez
DIRECTOR OF PUBLIC WORKS
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ROBERT STATUTO
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MARK McCABE
TRAFFIC OPERATIONS CENTER
76-80 NORTH BARCLAY STREET
PATERSON, NJ 07503
PHONE (973) 321-1395 X3301
FAX (973) 321-1396

Andre Sayegh
Mayor

HANDICAP APPLICATION FORM

Dear Applicant:

Please complete and return the attached application along with the required documents to the above address. The following documents are **REQUIRED** to complete your Handicapped Application process.

- Handicapped Person **IDENTIFICATION CARD**
- Operators, **DRIVER'S LICENSE AND/OR DESIGNATED DRIVER**
- **VEHICLE REGISTRATION**
- **HOMEOWNER PERMISSION LETTER** granting the Handicapped Parking space near their Property. (**ONLY if you are not the owner of the house where you are applying for handicapped parking space.**)

MONEY ORDER ONLY

HANDICAP PARKING SPACE APPLICATION

_____ Parking space designated for ANY applicant (NO CHARGE)

_____ Parking space designated for SPECIFIC PERSONAL handicap applicants (\$75 fee)

Date: _____

Name of Disabled Person: _____ Phone: _____

Address at which sign is requested: _____

IF THE APPLICANT IS THE OPERATOR OF THE VEHICLE, PLEASE PROVIDE THE FOLLOWING:

APPLICANT'S DRIVER'S LICENSE NO.: _____

APPLICANT'S PLATE NUMBER: _____

IF THE APPLICANT IS NOT THE OPERATOR OF THE VEHICLE AND HAS A TRANSPORTER, PLEASE PROVIDE THE FOLLOWING:

TRANSPORTER NAME: _____

TRANSPORTER'S DRIVER'S LICENSE NO. _____

TRANSPORTER'S PLATE NO. _____

I am making application for a Handicap Parking Space in front of my home; I understand that it is my responsibility to notify The Traffic Division if the space is no longer required due to me no longer driving, changed of address, etc.

Signed _____

PLEASE CHECK THE FOLLOWING:

Owner/with driveway _____ Owner/without driveway _____ Tenant _____

(OFFICIAL USE ONLY)

COMMENTS _____

APPROVED _____ DENIED _____ FILE# _____

Landlord's Consent Letter for Handicapped Application

To Whom It May Concern:

I _____ owner of property _____,
(Owner/Landlord)
allow Mr./Mrs./Ms. _____ to have a Handicapped Sign
in front of _____ . Kindly contact me with any
(Address)
questions at the following telephone number (____) _____.

Sincerely,

(Owner's Signature)

(Print Owner's Name)