

CITY OF CHILLICOTHE

Office of Safety/Service
35 South Paint Street
Chillicothe, Ohio 45601



Application for Residential Handicapped Parking Space

Note: This application must be completed and all necessary documentation attached prior to any consideration for a residential handicapped parking space.

Applicant's Information:

Name: _____ Address: _____

Telephone: _____ SSN: _____ DOB: _____

Vehicle Information:

Do you have a "Special Handicapped License Plate or Placard" issued by the State of Ohio?
_____ YES _____ NO

If you answered this question "NO", you must obtain this special plate or placard for the handicapped as required in City Ordinance (77-01) in order to process your application. If you answered "YES", please complete the following:

_____	_____	_____	_____	_____
Year	Make	Model	License Plate Number	Plate Expiration Date
_____		_____		
Placard Number		Placard Expiration Date		

Complete the following information if the vehicle owner is not the applicant:

_____	_____	_____
Vehicle Owner	Address	Relationship to Applicant

Medical Information:

In your own words describe your current medical condition that requires special parking privileges:

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Diagram:

When off-street parking is available, City Ordinance (77-01) requires the applicant to include a detailed diagram *with measurements* showing on street parking is preferable to the available off-street parking. The diagram should show the comparison information between your current parking location vs. your requested parking location to include: distances from parked vehicle to doorways, number of steps to be climbed, door locations and door widths, etc... The diagram should be completed prior to submission to your doctor for his review. Please provide the diagram in the space provided below.

