

City of Grand Junction Public Works Department Division of Transportation Engineering

2551 River Road / Grand Junction CO 81505-7216 / Office: 970/256-4110 / Fax: 970/256-4115

APPLICATION FOR DISABLED PERSONS ON-STREET PARKING IN RESIDENTIAL AREAS

[Read Instructions carefully before completing this application. Click here for instructions.](#)

Applicant's Name _____
First *Last* *Phone*

Applicant's Address _____
Street *City* *State* *Zip Code*

Is the above address the proposed location for the disabled parking space? Yes No If not, indicate appropriate address below

Location of Request _____
Street *Grand Junction* *CO* *State* *Zip Code*

Do you own the property at this address or are you renting it? Own Rent Other

If other, explain: _____

Is the applicant the disabled person? Yes No

If not, what is the relationship to the disabled person? Spouse Parent Guardian Other

Name of disabled person _____
First *MI* *Last*

Do you have valid disabled persons license plates or a handicap placard issued by the Colorado Department of Revenue, Motor Vehicles Division, on your vehicle?

Yes No Vehicle license plate # _____ Handicap Placard # _____

Is there a driveway or other off-street space available at this address that may be used for off-street parking? Yes No Unsure

Is there sufficient space in front of this address to accommodate an on-street parking space? Yes No Unsure

I have read and understand the preceding instructions and have answered the above questions truthfully and to the best of my ability. I also understand that the disabled parking space is not exempt from street sweeping parking restrictions or other applicable part-time parking prohibitions at this location.

Signature _____ Date _____

MEDICAL DOCTOR'S STATEMENT

I testify that the subject, disabled person, in this application constitutes a special hardship case who is so severely impaired that he (she) is unable to move from place to place without the assistance of a mechanical device.

Doctor's Signature _____ Date _____

Please Type or Print The Following Information (To be filled out by doctor or doctors assistant)

Doctor's Name _____

Address _____
Street *City* *CO* *State* *Zip Code*

Telephone _____ Fax _____