The Grand Rapids Traffic Safety Department is authorized to establish and maintain handicap parking zones for drivers that are non-ambulatory under the following conditions:

- I. The applicant must be a resident of the property, capable of safely operating a motor vehicle, and be in possession of a current operator's license and state handicapped sticker or plate. A copy of the operating permit and handicap permit must be provided with the application.
- II. The property does not have a driveway or other off-street parking.
- III. The applicant must submit a physician signed letter specifically stating that the applicant is non-ambulatory (the exact language "non-ambulatory" is a requirement).
- IV. Handicap parking zones will not be installed on major street or in front of commercial properties.

Note: Drivers that are non-ambulatory are the only individuals eligible for a Handicap Parking Zone.

Handicap parking zones are not installed for people providing transportation for non-ambulatory individuals.

The applicant shall contact the Traffic Safety Department upon relocation.

The installation of a sign is at the discretion of the Traffic Safety Department.

Submissions lacking required attachments or completed information will not be consider

Please Print or Type General Information					
State HDCP. Sticker/Plate Number		Expiration Date			
Required Attachments					
Copy of operator's permit	Copy of handicap permit		Letter from Physician		
Identification B. Applicant Information (Signature Information Signature Information Si	Required , Contact Information Required	if Applicant Not Indicated by	Check Box Above)		
B. Applicant Information (Signature i	Required , Contact Information Required	if Applicant Not Indicated by Telephone Number	Check Box Above) Fax Number		
B. Applicant Information (Signature I	Required, Contact Information Required State Zip				
B. Applicant Information (Signature Information Signature Information Signature Information Signature Information (Signature Information Signature Informa	State Zip	Telephone Number	Fax Number		
B. Applicant Information (Signature Informati	State Zip	Telephone Number	Fax Number		

Date