

**City of Ann Arbor  
Residential Disability Accessible  
Parking Space Request Form**



**Return to:**

City of Ann Arbor-Project Management  
100 N. Fifth Ave. – 4<sup>th</sup> Floor  
P.O. Box 8647  
Ann Arbor, MI 48107-8647  
Phone: (734) 994-2744

Name:(first)\_\_\_\_\_ (middle initial)\_\_\_\_\_ (last)\_\_\_\_\_

Address:\_\_\_\_\_ Zip:\_\_\_\_\_ Telephone Number:( \_\_\_\_\_ )

Description of location of proposed disability accessible parking space:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your need for a disability accessible parking space:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the petitioner the holder of a Disability License Plate or Placard? [  ] Yes [  ] No  
If 'No', please explain:

\_\_\_\_\_  
\_\_\_\_\_

What is the name on the registration on the Disability License Plate or Placard?

\_\_\_\_\_

Disability License Plate Number:\_\_\_\_\_ Disability License Plate State:\_\_\_\_\_

*And/or*

Disability Placard Number:\_\_\_\_\_ Disability Placard State:\_\_\_\_\_

Please attach a copy of your valid handicap vehicle registration or placard.

*I hereby certify that the above information is accurate and complete:*

Signature of Applicant:\_\_\_\_\_ Date:\_\_\_\_\_

**OFFICE USE ONLY**  
(do not write below this line)

Received by:\_\_\_\_\_ Initials:\_\_\_\_\_ Date Received:\_\_\_\_\_