



City of Ann Arbor

Residential Disability Parking Space Request Form

Return form by mail or email to:

Address:

City of Ann Arbor – Transportation
301 E. Huron St. – 4th Floor
Ann Arbor, MI 48107-8647

Email: transportation@a2gov.org

Office Use Only

1. Applicant Information
Table with fields: First Name, Middle Initial, Last Name, Address, Zip, Phone Number, Email

2. Is this a new disability parking space request or a renewal?
New Request Renewal
If "Renewal", skip to question 4.

3. Describe the location proposed for disability parking space:

4. Is the petitioner the holder of a Disability License Plate or Parking Placard?
Yes No
If "No", list relationship to holder:
Name on Disability License Plate or Parking Placard:

5. Disability License Plate or Disability Parking Placard Information
Plate or Placard Number: Issuing 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: _____