



City of Ann Arbor

Non-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		
Name of Business/Organization:		
Name of Contact:		
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. Does your business/organization have a parking lot with disability parking space(s)?

5. Describe your need for a disability parking space:

As an authorized representative of the above business/organization, I hereby certify that the above information is accurate and complete:

Signature of Applicant: _____ Date: _____