

**City of Ann Arbor  
Non-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 of Business/Organization: \_\_\_\_\_

Name of Contact: \_\_\_\_\_

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

Description of location of proposed disability accessible parking space:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your business/organization have a parking lot with disability accessible parking?  
\_\_\_\_\_  
\_\_\_\_\_

Describe your need for a disability accessible 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: \_\_\_\_\_

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

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