

City of Ann Arbor  
Residential Disability Accessible  
Parking Space Request Form



**Return to:**

City of Ann Arbor-Project Management Unit  
301 E. Huron St -4<sup>th</sup> Floor  
PO Box 8647  
Ann Arbor, MI 48107-8647  
Phone: (734)-794-6410

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

Address: \_\_\_\_\_ (Zip): \_\_\_\_\_ Phone 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 \_\_\_\_\_

**Office Use Only**  
(do not write below this line)

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