



CITY OF WEST ALLIS
APPLICATION FOR RESIDENTIAL
ON-STREET PARKING ZONE FOR PHYSICALLY DISABLED

I (We) hereby make application for the issuance of a residential on-street parking zone in front of (alongside):

ADDRESS

Permits are issued in accordance with Section 10.065 (7) (a) of the Revised Municipal Code. The permit will expire as noted in the comments section of this application.

Please print or type the answers to the following questions:

- 1) State of Wisconsin Motor Vehicle Department
Physically Disabled Permit Number:
State of Wisconsin Plate Number:
Expiration Date:
2) What is the primary use intended for the zone?
3) Do you personally drive this vehicle? Yes No
4) How many off-street parking spaces are on the property?
5) Is there other access to the addressed property? Side Drive Alley Access
6) What is the nature of your disability?
7) What are your physical limitations
8) Is the property handicap accessible according to American with Disabilities Act? Yes No
9) Will this zone be used for overnight parking? Yes No
10) What are main times and days of the week that this zone will be required?
11) Please state any compelling reasons why you feel that this zone should be issued.

Name (Please print) Signature
Phone Number Address
Date City/State/Zip
Email

Approved Yes No by
Comments

Permit Number