



City of Trenton

Application for an On-Street Handicapped Parking Space

The applicant must be handicapped in such a manner that he or she has been prescribed a mobility-aiding device. This device can include a cane, walker, braces, crutches, and/or artificial limb.

1. A professional medical doctor must certify the condition of the applicant using this application form.
2. A copy of the following must be submitted:
 - HANDICAPPED PERSON IDENTIFICATION CARD
(Issued by the State of New Jersey's Division of Motor Vehicles
Telephone: 292-6500)
 - DRIVER'S LICENSE
(The person who drives for the applicant)
 - VEHICLE REGISTRATION
3. A description of vehicle trips made with your vehicle or designated driver during an average week must be submitted using this form.
4. The handicapped parking space may be in front of one or two houses. Affected property owners should give their permission by completing this form.
5. The applicant must attend a scheduled meeting of the City's Handicapped Parking Committee, so as to enable to decide if the requested space will be granted.

Applicant's Name _____

Applicant's Address _____

(Include Zip Code) _____

Applicant's Telephone # _____

Driver's Relationship to Applicant _____

Driver's Name _____

Driver's Address _____

(Include Zip Code) _____

Driver's Telephone # _____

OFFICE USE ONLY ___/___/___ ___/___/___ ___/___/___ ___/___/___ ___/___/___ ___/___/___ Approved <input type="checkbox"/> Denied <input type="checkbox"/> Resolution _____ Date Adopted _____

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