



Board of Public Safety

Civic Center Complex, Room 301 • 1 NW Martin Luther King Jr., Blvd.

Evansville, Indiana 47708 • (812) 436-7897

HANDICAP PARKING SPACE APPLICATION

Name of Person Applying _____

Home Address _____

City/State/Zip Code _____

Is there a driveway at this address?

☐ Yes

☐ No

Is there off-street parking at this address?

☐ Yes

☐ No

Is parking allowed on your side of the street?

☐ Yes

☐ No

Telephone Number (include Area Code) _____

Date of Birth _____ Driver's License Number _____

Year and Make of Vehicle _____

Handicap Placard Number _____ Vehicle License Plate _____

--OR--

Handicap License Plate _____

Handicap is a permanent disability (1-year or longer)

☐ Yes

☐ No

I SWEAR AND AFFIRM, THAT ALL STATEMENTS AND REPRESENTATIONS IN THIS APPLICATION ARE TRUE AND CORRECT.

Signature of Applicant _____ Date _____

PHYSICIAN LETTER (required)

Applicant **MUST HAVE** treating physician's recommendation for a handicap parking space. Please have your treating physician submit a letter **on his or her letterhead** confirming your disability and stating that a handicap accessible parking space in front of your home is necessary.

INDIANA DRIVER'S LICENSE OR IDENTIFICATION CARD

You **MUST INCLUDE** a copy of your valid Indiana Driver's License or Identification Card with this application. If the state-issued identification card does not show the address listed above, please include a copy of at least ONE (1) of the following utility bills to verify the home address:

- Gas & Electric Company Bill
- Water Bill
- Telephone Bill

Board of Public Safety will consider this application **ONLY** if all required supporting documentation is included.

RETURN THIS APPLICATION AND ALL APPROPRIATE DOCUMENTATION TO:

Board of Public Safety
c/o Evansville Police Department
15 NW Martin Luther King, Jr. Blvd, Evansville, IN 47708