

Temporary Parking Permit Application Form (Disabled Parking)

This **temporary parking permit form** sample is designed to assist individuals with disabilities in obtaining a valid permit for accessible parking. It ensures proper documentation and compliance with local regulations. Use this form to facilitate convenient and legal parking accommodations.

Applicant Information

Full Name:

Address:

Phone Number:

Email Address:

Date of Birth:

Vehicle Information

Vehicle Make:

Vehicle Model:

License Plate Number:

Disability Certification

Certifying Physician's Name:

Physician's Phone:

Brief Description of Disability:

Date of Certification:

Permit Details

Requested Duration (e.g., 30 days, 60 days):

Permit Start Date:

Permit End Date:

Applicant Agreement

By signing below, I certify that the information provided is accurate and complete. I acknowledge that misuse of a disabled parking permit may result in penalties under local law.

Applicant Signature:

Date:

Submit Application

Reset Form

Note: Please attach supporting medical documentation as required by local regulation. Submit the completed form to your local parking permit office.