



# VILLAGE OF RIVERDALE

157 W. 144<sup>th</sup> Street  
Riverdale, IL 60827-2707  
Phone (708) 841-2200 • Fax (708) 841-7587

## REQUEST FOR HANDICAP PARKING SIGNS - RESIDENTIAL

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

CONDITION/IMPAIRMENT: \_\_\_\_\_

PERMANENT \_\_\_\_\_ TEMPORARY \_\_\_\_\_ (CANNOT BE LESS THAN 12 MONTHS)

ILLINOIS HANDICAP LICENSE PLATE NO.: \_\_\_\_\_

HANDICAPPED PARKING CARD NO.: \_\_\_\_\_ (COPY ATTACHED)

EXPIRATION DATE: \_\_\_\_\_

***IF HANDICAP SIGN IS NOT FOR THE PERSON ON THE WATER RECORDS---STATE RELATIONSHIP***

\_\_\_\_\_

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I UNDERSTAND THAT ISSUANCE OF THE HANDICAPPED PARKING SIGNS AT MY RESIDENCE IS FOR THE SOLE PURPOSE OF PROVIDING PARKING FOR VEHICLES CLEARLY MARKED WITH EITHER HANDICAPPED LICENSE PLATES OR WITH THE PARKING PERMIT ISSUED BY THE STATE OF ILLINOIS.

**MISUSE OF THE HANDICAPPED PARKING DESIGNATION WILL RESULT IN REMOVAL OF SIGNS.**

I FURTHER UNDERSTAND THAT I MAY BE REQUIRED TO PROVIDE INFORMATION FROM MY PHYSICIAN REGARDING THE ABOVE INFORMATION FROM TIME TO TIME AT THE REQUEST OF THE VILLAGE.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**\*\*Property Owner if name not listed above\*\***

\_\_\_\_\_  
NAME SIGNATURE  
\*\*\*\*\*

FOR OFFICE USE ONLY

APPROVED \_\_\_\_\_ INITIALS \_\_\_\_\_

SENT TO PUBLIC WORKS \_\_\_\_\_ WATER ACCT # \_\_\_\_\_