

CONFIDENTIAL ACCESSIBILITY PARKING REQUEST FORM

This form must be filled out completely and returned to the City Clerk, Room 303, 1500 Chapline Street, Wheeling, WV 26003. If there are any questions, please feel free to contact Jessica Zalenski, City Clerk, at 304-234-6401.

Date of Request: _____

Person to benefit by this request: _____

Address of request: _____ Do you own your
own car? _____ (yes/no) Do you drive your own car? _____ (yes/no) Car License _____ (State)
_____ (Number)

Is there any off-street parking available at this address, such as a driveway, garage, carport, rear parking,
etc.? _____ (yes/no) If yes, how is this off-street parking used?

In your own words, explain your need for this handicapped parking area.

Do you currently have a handicap plate or permit? _____ (yes/no) (REQUIRED) Permit No. _____
(State) _____ (Number) What is the nature of your handicap?

How far can you walk? _____

Please provide any additional information that you feel will be helpful in this matter on the back of this form. IMPORTANT ! READ CAREFULLY !

With my signature, I claim the above information is true and that if needed I can, or will appoint someone to represent me, to answer any questions the City Manager or his designee may have.

APPLICANT'S SIGNATURE: _____

APPLICANT'S PHONE NUMBER: _____

If the request is approved, a blue line and a "Handicap Parking Only" sign will be placed at the designated address. The spot will be available for use by any individual with a valid handicap tag.