



Please read the Instructions prior to completing the Handicap Application:

Instructions
Handicap Accessible Parking Space Sign

1. The handicap Accessible Parking Sign will be denied if there is flat, unobstructed Access to the front and/or rear of the home.
2. The Application must be filled out completely.
3. Provide a letter from your doctor stating that you are disabled and are in need of a Handicap Accessible Parking Space Sign.
4. Return Application and doctor's letter to:

Marcia A. Qualls
Customer Service Coordinator
227 W. Jefferson Boulevard
1316 County-City Building
South Bend, Indiana 46601



Date: _____

Name: _____

Address: _____

South Bend, Indiana 466_____

Please Remit to:
BUREAU OF ENGINEERING
227 W. Jefferson Boulevard
1316 County-City Building
South Bend, Indiana 46601

Dear _____:

In order to process your request for handicap parking, the following information is necessary:

Handicap Permit Number (Hang Tag) _____

Expiration Date _____

Year and Make of Car _____

License Plate Number _____

Driver's License Number _____

Date of Birth _____

Home Phone Number _____

Also, please have your physician submit a letter confirming your disability and stating that a handicap accessible parking space sign is necessary in front of your home **on his or her letterhead**. Please remit within thirty (30) days.

Sincerely,

Marcia A. Qualls,
Customer Service Coordinator