

**PHYSICIAN'S STATEMENT ON BEHALF OF APPLICANT FOR
HANDICAPPED PARKING PERMIT**

Name of Handicapped Person: _____

Address: _____

I hereby attest that the above named person is handicapped and does qualify for a handicapped parking permit under Ordinance G-79-775 enacted by the Civil City of New Albany in November, 1979. The following is a list of qualifying conditions as set out in the ordinance. Please indicate the condition which applies to the above mentioned applicant.

- _____ Applicant is confined to a wheelchair
- _____ Applicant must use braces or crutches
- _____ Applicant has an arthritic or spastic condition
- _____ Applicant has pulmonary or cardiac condition
- _____ Applicant has faulty coordination or palsy
- _____ Applicant's mobility, flexibility, coordination and Perceptiveness are significantly reduced by aging or by temporary disability.

Signature of Licensed Physician

Physician's Name: _____

Business Address: _____

City & State: _____

Phone Number: _____

APPLICATION FOR HANDICAPPED PARKING PERMIT
(ISSUED BY THE CITY OF NEW ALBANY, INDIANA)

Name of Handicapped Person: _____

Date of Birth: _____ **S.S.:** _____ **Phone No:** _____

Address: _____
 Street **City** **State** **Zip**

PLEASE CHECK ONE OF THE FOLLOWING:

Applicant is the holder of a current Disabled Veteran License Plat No. _____

Applicant is the holder of a current year Handicapped Parking License Plat No. _____

Attached is a statement from a licensed physician attesting to the applicant's handicapped.

I hereby acknowledge that I am a Handicapped Person and do qualify for a Handicapped Parking Permit under regulations set out in Ordinance G-79-775, Enacted by the Civil City of New Albany, Indiana, in November of 1979 and that I understand the rules, regulations and penalties stated in this ordinance.

And will follow the following ordinances sections:

72.56 PARKING ALLOWANCES:

A motor vehicle bearing a license plat issued to a disabled veteran; a license plat issued to a handicapped person; **or a special parking permit for a handicapped person issued by the City, when operated by a handicapped person or when transporting a handicapped person,** may be parked in a designated handicapped parking place, or when parked where any parking limit is imposed may be parked for two hours in excess of the parking limit. The motor vehicle may be parked in a loading zone for that period of time necessary to permit entrance or exit of the handicapped person from the building or entrance or exit of a handicapped person from the parked vehicle, but in no circumstances longer than 30 minutes.

72.57 PARKING PROHIBITED:

Parking is prohibited in a no stopping or no parking zone or where parking is prohibited for the purpose of creating a fire lane or to accommodate heavy traffic during morning, afternoon or evening hours. No motor vehicle is to be parked in such a manner as to constitute a traffic hazard.

72.58 UNAUTHORIZED USE OF SPECIAL PARKING PERMIT:

(A) No person shall make any false statement in an application for a special parking permit.

(B) No person shall make, issue or knowingly use any imitation or counterfeit or a special parking permit for the handicapped.

(C) No person shall display or cause or permit to be displayed on any vehicle such permit knowing it to be fictitious or issued for another person.

(D) No unauthorized person shall knowingly possess a special permit for the handicapped.

THIS PARKING PERMIT IS ONLY TO BE USED WHEN THE AUTHORIZED HANDICAPPED PERSON IS IN THE VEHICLE.

72.99 PENALTY:

(F)

1. Any person who violates any of the provisions of 72.56 through 72.58 shall be fined \$25.00 payable to the City Clerk's Office.
2. The owner of any vehicle parked in a "Handicapped Only" parking space without a duly issued permit shall be fined \$25.00 payable to the City Clerk's Office.
3. The owner of any vehicle parked in a "Handicapped Only" parking area with an expired special parking permit shall be fined \$25.00 payable to the City Clerk's Office.

Signature of Applicant

I hereby acknowledge that I am (Please check one)

GUARDIAN _____ PARENT _____ AUTH.REP. _____

of the above named applicant and that this person does qualify for a handicapped parking permit under regulations set out in Ordinance G-79-775 enacted by the Civil City of New Albany, Indiana, in November of 1979 and that both the handicapped person and I understand the rules, regulations and penalties stated in the ordinance.

Signature of Guardian, Parent or Rep

The foregoing was received by me this _____ day of _____, 20__.

ATTEST: _____
City Clerk/Deputy of New Albany

