

CITY OF MONTEREY
Application
Residential On-Street Disabled Space

Please return completed form to:

Parking Division
City of Monterey - City Hall
Monterey, CA 93940

Applicant's Name _____

Home Address _____

City and Zip Code _____

Telephone _____ E-mail Address: _____

I request the installation of a DISABLED PARKING ZONE at:

- my home address
- a different address _____

1. What is the nature of your disability?

2. Which of the following do you use to aid mobility?

- WHEELCHAIR
- WALKER
- CRUTCHES
- CANE
- OTHER (specify) _____

3. License plate number of the vehicle you use: _____

4. Disabled Persons Placard No. _____

5. Issue Date: _____ Expiration Date: _____

6. In whose name is the above vehicle registered? _____

7. I cannot park in my driveway or garage because:

- I don't have a garage or driveway.
- My driveway is not wide enough to safely exit my vehicle.
- My driveway is too steep to safely exit my vehicle.
- My garage is full
- Other _____

I understand that the City of Monterey may remove this on-street disabled parking space at any time if it is no longer used for its intended purpose.

APPLICANT'S SIGNATURE

DATE