

**BOROUGH OF WOODLAND PARK
HANDICAPPED PARKING QUESTIONNAIRE**

Name of Applicant: _____ Age: _____

Address: _____ Phone #: _____

Name of Disabled Person: _____ Age: _____

Relation to Applicant (self, mother, father, husband, wife, etc): _____

Does Applicant own or rent home? _____

Name of Homeowner: _____

Address: _____ Phone #: _____

Is there a driveway on premises? _____

Can driveway be used (if no, please explain)? _____

Is the Disabled Person Employed? _____ Occupation: _____

Employer Name: _____ Address: _____

_____ Phone #: _____ Supervisor: _____

Type of Handicap (Explain Briefly): _____

Does Handicapped Person need assistance walking (Explain Briefly)? _____

Name of Physician certifying handicap: _____

Address: _____ Phone #: _____

Make of Motor Vehicle: _____ Registration #: _____

Model: _____ Year: _____ 2 Dr./4 Dr.: _____

Color: _____ Is Motor Vehicle handicap-equipped? _____

**FAILURE TO ANSWER THIS "HANDICAPPED PARKING QUESTIONNAIRE" MAY
RESULT IN REVOCATION OR DENIAL OF HANDICAPPED PARKING SPACE.**

I have answered all the questions truthfully to the best of my knowledge.

FOR OFFICE USE:

Copy of registration or
placard _____

Signature of Applicant

Note from Attending
Physician _____

Dated: _____