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CARD NO.
EXPIRATION DATE

Village of Skokie



OFFICE OF HUMAN SERVICES
 5120 Galitz St. • Skokie, Ill 60077 • (847) 933-8208
 Fax 677-0194

APPLICATION FOR DISABILITY PARKING PLACARD FOR TEMPORARY DISABILITY

DIRECTIONS: Both sides of this document must be signed and completed--Side A by the applicant and Side B by the physician.

PLEASE PRINT OR TYPE BELOW:

Name of Person with Disability(ies)		
Address	City	Zip
Driver's License # or State ID #	Telephone	
Please provide the following information for the primary vehicle(s) used to transport the above individual:		
Vehicle 1: Plate # _____	Make _____	Model _____ Color _____
Vehicle 2: Plate # _____	Make _____	Model _____ Color _____

PART 1. PERSON WITH DISABILITY

I hereby apply for a disability parking placard and certify that my physical condition entitles me to the issuance thereof. I am also aware that the disability parking placard must not be used unless I am a passenger in the vehicle.

_____ Date _____ Signature of Applicant

PART 2. FAMILY MEMBER

I hereby apply for a disability parking placard on behalf of the above-named individual and certify that the physical condition of this person entitles him/her to issuance thereof. I am also aware that the disability parking placard must not be used unless this individual is in the vehicle and that use of the placard when not transporting the person is considered abuse of the program and will result in immediate revocation of the placard and all privileges. Further, I understand that the violator is subject to the penalty of Village of Skokie Ordinance #85-2-T-1690.

_____ Date _____ Signature of Family Member

Family Member's Name		Telephone (Include area code if not 847)	
Address	City	Zip	
Relationship of family member to person with disability			

