



DISABLED PERSONS PARKING ZONE
APPLICATION

DATE: _____ (Note: Annual Renewal Required)

NAME OF REQUESTOR: _____

ADDRESS: _____
(Lawndale residency required)

PHONE NUMBERS: (Work) _____

(Home) _____

REQUESTOR SIGNATURE: _____

PLACARD NUMBER (Required): _____

LAWDALE PUBLIC WORKS DEPARTMENT

_____ Inadequate off street parking

_____ Undue hardship – Physician’s Statement (copy attached)

_____ Impose unreasonable parking shortage

Comments:

Reviewed By: _____

Hearing Date: _____

Approved _____

Not Approved _____

Signature: _____ Date _____
City Engineer