

APPLICATION FOR HANDICAP PARKING SPACE

TO: ALL EMPLOYEES

FROM: [COMPANY]

SUBJECT: TEMPORARY HANDICAP PARKING PERMIT

All requests for temporary parking permits for use of the designated handicapped areas must be forwarded to _____. A physician's diagnosis/recommendation must be attached to the application.

Upon approval, the temporary parking permit will be valid for thirty (30) days. For a permanent handicapped permit, the applicant must apply at their local municipality.

An application for a temporary parking permit is attached.