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 Manager John T. Lockerby
 Counsel Michael M. Lorge

| |
|-----------------|
| CARD NO |
| EXPIRATION DATE |



Village of Skokie

HUMAN SERVICES DIVISION
 5127Oakton Street, Skokie, IL 60077
 Phone (847) 933-8208
 Fax (847) 673-8606

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. Further, I understand that the violator is subject to a penalty pursuant to Section 2-1093 of the Skokie Village Code.

_____ Date

_____ Signature of Family Member

| | | |
|---|-------------------------------|-----|
| Family Member's Name | Telephone (include area code) | |
| Address | City | Zip |
| Relationship of family member to person with disability | | |
| _____ | | |

