# APPLICATION FOR TEMPORARY HANDICAPPED PARKING PLACARD

DIRECTIONS:
Both sides of this form must be signed and completed before a Temporary Parking Placard can be issued. Side A by the Physician. Side B by the applicant.

DEFINITION: "Handicapped Person"
Chapter 625, Section 5/ 1-159.1, Illinois Compiled Statutes defines a handicapped person as, "Every natural person who is unable to walk 200 feet or more unassisted by another person or without the aid of a walker, crutches, braces, prosthetic device, or a wheelchair, or without great difficulty or discomfort due to the following impairments: neurologic, orthopedic, respiratory, cardiac, arthritic disorder, blindness, or the loss of function or absence of a limb or limbs."

Please fill in the applicant's name, condition, and indicate the impairment and aid used (if applicable):

Handicapped person's name:_____

Condition:_____

_____

_____

| IMPAIRMENT | | AID (S) (if applicable) | |
|---|---|---|---|
| _____Neurologic | _____Arthritic | _____Walker | _____Braces |
| _____Orthopedic | _____Blindness | _____Wheelchair | _____Crutches |
| _____Respiratory | _____Loss of limb or limbs | _____Another person | |
| _____Cardiac | | _____Prosthetic device | |

Please check appropriate box. The approximate duration of this disability will be:

? Less than 3 months; ? 3 to 6 months; ? Longer than 6 months

I hereby certify that the physical condition of the person identified above meets the definition of a handicapped person as described under Section 1-159.1 of the Illinois Compiled Statutes.

_____
(Physician's signature)

_____
(Physician's license number)

PLEASE PRINT OR TYPE BELOW:

Physician's Name:_____

Address:_____

_____

Telephone number:_____

If you should have any questions you may call the Geneva Police Department at (630) 232-4736.

# CERTIFICATION FOR TEMPORARY HANDICAPPED PARKING PLACARD

DIRECTIONS:
Complete the certification below. Side A must be completed by your physician. Please note that misuse of the Temporary Handicapped Parking Placard can result in its revocation. Parking privileges are strictly limited to the handicapped person. The disabled person **MUST BE PRESENT** when parking the vehicle in areas reserved for the handicapped.

If the disability will last for a period greater than six (6) months, application should also be made to the Secretary of State's Office for a State issued handicapped plate or parking placard. If the State issues you a handicapped plate or parking placard this Temporary Handicapped Parking Placard becomes void and must be returned to the Geneva Police Department immediately.

CERTIFICATION:
I hereby apply for a Temporary Handicapped Parking Placard issued by the City of Geneva under the statutory provision, (Chapter 625, Section 5/11-1301.2, Illinois Compiled Statues) and certify that my physical condition entitles me to the issuance thereof. I understand that this Temporary Handicapped Parking Placard is valid for a period of up to 90 days from the date of issuance **OR** until my physical condition improves to the point where I am no longer entitled to the issuance thereof. I am also aware that the Temporary Handicapped Parking Placard must **NOT** be used unless I am a passenger in the vehicle.

_____ Date:_____
(Applicant's signature)

PLEASE PRINT OR TYPE BELOW:

Applicant's Name:_____

Applicant's Address:_____

_____

Applicant's Date of Birth:_____ Telephone Number_____

**FOR OFFICE USE ONLY**

Permit number:_____ Expires:_____

Issued by:_____ Date:_____

May be renewed? ? Yes Renewed:_____ Expires:_____
? No

Notes: _____

_____