

**APPLICATION FOR TEMPORARY DISABILITY 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:** 625 ILCS 5/1-159.1 Person with disabilities. A natural person who, as determined by a licensed physician, by a licensed physician assistant, or by a licensed advanced practice registered nurse: (1) cannot walk without the use of, or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair, or other assistive device; (2) is restricted by lung disease to such an extent that his or her forced (respiratory) expiratory volume for one second, when measured by spirometry, is less than one liter, or the arterial oxygen tension is less than 60 mm/hg on room air at rest; (3) uses portable oxygen; (4) has a cardiac condition to the extent that the person's functional limitations are classified in severity as Class III or Class IV, according to standards set by the American Heart Association; (5) is severely limited in the person's ability to walk due to an arthritic, neurological, oncological, or orthopedic condition; (6) cannot walk 200 feet without stopping to rest because of one of the above 5 conditions; or (7) is missing a hand or arm or has permanently lost the use of a hand or arm

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

Disabled person's name: \_\_\_\_\_

Condition: \_\_\_\_\_  
\_\_\_\_\_

IMPAIRMENT		AID (S) (if applicable)	
____ Neurologic	____ Arthritic	____ Walker	____ Braces
____ Orthopedic	____ Blindness	____ Wheelchair	____ Crutches
____ Respiratory	____ Loss of limb	____ Another person	
____ Cardiac	____ or limbs	____ 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 disabled 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 DISABILITY PARKING**

**DIRECTIONS:**

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

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 disability plate or parking placard. If the State issues you a disability plate or parking placard this Temporary Disability Parking Placard becomes void and must be returned to the Geneva Police Department immediately.



**CERTIFICATION:**

I hereby apply for a Temporary Disability 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 Disability 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 Disability 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: \_\_\_\_\_  
\_\_\_\_\_