

HAMILTON POLICE DIVISION

Request for handicapped parking space

Name: _____ Phone: _____

Address: _____ Zip Code: _____

Section: _____ Lot: _____ Map: _____

Rental Property: *Yes No* (Circle one)

If Yes, Owner's Name and Address: _____

Driveway: *Yes No* (Circle one) If yes: Width: _____ Length: _____

Is applicant a motor vehicle operator *Yes No* (Circle One)

NJ Driver's license # _____

Vehicle make and model: _____ Plate #: _____

Does requesting property have at least 22' of frontage? *Yes No* (Circle one)

Photos provided: *Yes No* (Circle one)

Name and address of adjacent property owners:

1 _____ Permission granted: *Yes No* (Circle)

2 _____ Permission granted *Yes No* (Circle)

Type of physical handicap: _____

NJ State ID Card #: _____

Existing handicapped parking spaces on same block: *Yes No* (Circle one)

If yes, list address(es): _____

Traffic supervisor's comments:

Applicant's signature: _____

Date of application: _____

Handicapped parking space requirements

Please bring to Hamilton Township Police Headquarters, Traffic Unit, the following documents to initiate a handicapped parking space request:

- a doctor's note, on his or her professional letterhead, recommending a handicapped parking space for the applicant as well as the justification
- a copy of the applicant's NJ Division of Motor Vehicles handicapped identification card
- a copy of the request for handicapped parking space, completed as thoroughly as possible
- a copy of the applicant's current handicapped parking placard
- a copy of the vehicle registration of the vehicle listed in the application

If you have any questions regarding this application, please contact the Hamilton Police Traffic Unit at 609-581-4024