



RETURN APPLICATION TO:
 Attn: Public Service & Safety Dept.
 Cambridge Municipal Complex
 814 Wheeling Avenue
 Cambridge, OH 43725

HANDICAP PARKING SIGN REQUEST

Date Submitted: ___/___/___

Applicant Information:

Last Name:	First Name:	Home Phone:
Street Address:		Cell Phone:

ATTENTION - Please Read Carefully:

1. You must meet ALL seven (7) of the criteria (listed below) in order to qualify.
2. If you meet ALL of the criteria, the Public Safety Director and/or a designee will review the request, inspect the property, approve or deny the request, and notify you by mail.
3. If you do not meet ALL of the criteria, no inspection will take place and your request will be denied.

If approved, you MUST contact the City of Cambridge upon moving to another location, so we may then remove the signage from this property!

1.	Do you have a ramp from the street to the sidewalk that meets code? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2.	Do you have a handicap placard from a licensed practitioner? <input type="checkbox"/> Yes (Proceed to Question #3) <input type="checkbox"/> No (Stop here, you do not qualify)	Copy Handicap Placard
3.	Do you have a valid driver's license? If not, does your spouse or caregiver? <input type="checkbox"/> Yes (Proceed to Question #4) <input type="checkbox"/> No (Stop here, you do not qualify)	Copy Driver's License
4.	Are you the owner of the vehicle? <input type="checkbox"/> Yes (Proceed to Question #5) <input type="checkbox"/> No (Stop here, you do not qualify)	Copy Vehicle Registration
5.	Do you rent or own the property? <input type="checkbox"/> Rent <input type="checkbox"/> Own	Renting? List Owner's Name, Address, & Phone
	Owner's Name: _____ Address: _____ Phone: _____	
6.	Do you have off-street parking (driveway, parking pad, etc.)? <input type="checkbox"/> Yes (Stop here, you do not qualify) <input type="checkbox"/> No (Proceed to Question #7)	
7.	Do you have a garage or carport on the property of your residence less than 100' from house? <input type="checkbox"/> Yes (Stop here, you do not qualify) <input type="checkbox"/> No (You may qualify)	

For Office Use Only:

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Reason:
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Robert Rocky F. Hill, Public Safety Director

Date