



REMOVAL REQUEST HANDICAP PARKING SPACE

APPLICANT INFORMATION		TRACKING No:	-
Name of Applicant:			
Location of Handicap Parking Space:			
Reason for Removal:			
Signature:		Date:	
Phone:			
PROPERTY OWNER			
Name(s):			
Address:			
City:	State:	Zip:	
***** OFFICE USE ONLY *****			
ORIGINAL PERMIT INFORMATION			
Original Tracking No: -			
Name:			

Letter to: ___ Original Applicant ___ Streets ___ File ___ Property Owner