



Village of Riverdale

157 W. 144th Street
Riverdale, IL 60827-2707
Phone (708) 841-2200 • Fax (708) 841-7587

REQUEST FOR HANDICAP PARKING SIGNS – RESIDENTIAL

Application fee: _____

NAME: _____

ADDRESS: _____

PHONE: _____

REASON FOR REQUEST: _____

LENGTH OF TIME NEEDED: _____

NOTE: YOUR VEHICLE MUST BE REGISTERED WITH THE VILLAGE OF RIVERDALE

ILLINOIS HANDICAP LICENSE PLATE #: _____

HANDICAP PARKING PLACARD #: _____ (COPY ATTACHED)

EXPIRATION DATE: _____

IF HANDICAP SIGN IS NOT FOR THE PERSON ON THE WATER RECORDS – STATE RELATIONSHIP

I UNDERSTAND THAT ISSUANCE OF THE HANDICAPPED PARKING SIGNS AT MY RESIDENCE IS FOR THE SOLE PURPOSE OF PROVIDING PARKING FOR VEHICLES CLEARLY MARKED WITH EITHER HANDICAPPED LICENSE PLATES OR WITH THE PARKING PERMIT ISSUED BY THE STATE OF ILLINOIS.

MISUSE OF THE HANDICAPPED PARKING DESIGNATION WILL RESULT IN REMOVAL OF SIGNS.

I FURTHER UNDERSTAND THAT I AM REQUIRED TO PROVIDE INFORMATION FROM MY PHYSICIAN REGARDING THE ABOVE INFORMATION. I HAVE ATTACHED MY PHYSICIAN’S CERTIFICATION OF MY CONDITION THAT NECESSITATES THIS HANDICAPPED PARKING SIGN, AND I CONSENT TO THE VILLAGE’S USE OF THAT INFORMATION SOLELY FOR THE PURPOSE OF DETERMINING WHETHER TO ISSUE THE REQUESTED SIGN.

SIGNATURE _____ DATE _____

**** Property Owner if name not listed above ****

SIGNATURE _____ DATE _____

***** FOR OFFICE USE ONLY *****

APPROVED: YES OR NO INITIALS _____

SENT TO POILICE CHIEF: _____ WATER ACCOUNT# _____

SENT TO PUBLIC WORKS: _____ RENEWAL DATE: _____

VEHICLE STICKER# _____

“A Village with a Vision”