TOWN OF WATSON LAKE

HANDICAPPED PARKING PERMIT APPLICATION

Applicant Information

Name: _____ Phone Number: _____

Mailing Address: _____

Physician Certification

(Please check all that apply. If the following do not pertain to the subject's disability, please attach a Certificate of Disability.)

☐ Has the loss of use of one or more lower extremities

☐ Has significant limitation in the use of lower extremities

☐ Has a diagnosed disease or disorder which substantially impairs mobility

☐ Is so severely disabled as to be unable to move without an aid device

☐ Suffers from lung disease to such an extent that limitations are severe

☐ Is visually impaired ☐ Is in need of a temporary permit due to injury or a short-term disability

Please indicate term for permit (e.g., 3 months): _____

Office Use Only

Permit Number: _____

Signature: _____ Date: _____

Important Information

1. Your parking permit must be displayed in plain view on the dashboard or on your rear-view mirror.
2. The permit is portable and must remain in the vehicle you are traveling in.
3. No one else may use your permit.
4. The display of this permit allows you or someone you are traveling with to park in marked handicapped parking spaces.
5. You must notify the Town Office (867-536-8000) as soon as possible should you lose your handicap permit.

Physician Information

Physician's Name: _____

Address: _____

Signature of Physician: _____ Date: _____