



CITY OF FORT WAYNE

THOMAS C. HENRY, MAYOR

PERMIT PARKING FOR IMPAIRED MOBILITY ON PUBLIC STREETS APPLICATION

Please print the following information:

Date: _____

Name of Applicant:

(Last) (First) (MI) (Age)

Address:

Phone: _____

(Zip code)

Space to be located in front of house _____ or on side of house _____ (side street name)

Special location: (left, centered, right of walkway to house)

Submit proof of Accessible Parking placard or disabled license plate registration with application

Signature of Applicant: _____

Note: Locations will be field verified by department prior to installation. If there is an issue with the desired location, this will be communicated with the applicant.

Submit application to
Traffic Engineering Department
200 E. Berry Street, Suite 210
Fort Wayne, In 46802

This section to be completed by Traffic Engineering Department

Field Investigation by: _____ Date: _____

Application Recommended for **Approval** _____ **Denial** _____

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