

## Handicap Parking Request Form

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Placard #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Date Requested: \_\_\_\_\_

\* Please print and fill out this form completely then mail to:

City of Erie

Traffic Engineering Division

626 State Street Rm. # 508

Erie, PA 16501