

CONFIDENTIAL
ACCESSIBILITY PARKING REQUEST FORM

This form must be filled out completely and returned to the City Clerk, Room 303, 1500 Chapline Street, Wheeling, WV 26003. If there are any questions, please feel free to contact Brenda J. Delbert, City Clerk, at 234-6401.

Date of Request: _____

Person to benefit by this request: _____

Address of request: _____

Do you own your own car? _____ (yes/no) Do you drive your own car? _____ (yes/no)
Car License _____ (State) _____ (Number)

Is there any off-street parking available at this address, such as a driveway, garage, carport, rear parking, etc.? _____ (yes/no)

If yes, how is this off-street parking used?

In your own words, explain your need for this handicapped parking area.

Do you currently have a handicap plate or permit? _____ (yes/no) **(REQUIRED)**
Permit No. _____ (State) _____ (Number)

What is the nature of your handicap?

How far can you walk?

Please provide any additional information that you feel will be helpful in this matter on the back of this form.

IMPORTANT ! READ CAREFULLY !

With my signature, I claim the above information is true and that if needed I can be in attendance or will appoint someone to represent me to answer any questions the City Manager or his designee may have. I also understand that if i have any questions or concerns i can contact the City Clerk Office at 304-234-6401 or by email bdelbert@wheelingwv.gov

APPLICANT'S SIGNATURE: _____

APPLICANT'S PHONE NUMBER: _____