



# MAYOR AND CITY COUNCIL OF LAUREL DEPARTMENT OF PUBLIC WORKS

305-307 First Street • Laurel, Maryland 20707 (301) 725-0088, Fax (301) 498-5266  
Internet Address: [www.cityoflaurel.org](http://www.cityoflaurel.org) • E- Mail - [dpw@laurel.md.us](mailto:dpw@laurel.md.us)

## APPLICATION RESIDENTIAL RESERVED HANDICAPPED PARKING PROGRAM

The following information is required in order for you to have a **Residential Reserved Handicapped Parking Permit** issued:

1. A completed Handicapped Parking Permit application.
2. A copy of the approved MVA application for handicapped permit and/or license plates.
3. A copy of applicant's Driver's License and/or identification.
4. A copy of applicant's registration and vehicle insurance information.
5. A copy of applicant's Handicapped Placard and/or a copy of applicant's disability parking certificate.
6. Attending physician's name, address, and telephone number.

The City **cannot** issue Handicapped Parking permits without all of the above information.

There is **no fee** to the citizen requesting this permit.

The original application with supporting documentation will be retained at the Department of Public Works.

When the Department of Public Works receives the paperwork, they will inspect the requested location and recommend the best location for your signs. If your location is not suitable, The Department of Public Works will recommend the closest location.

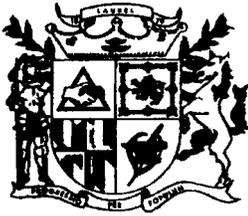
This process will take approximately 2 to 6 weeks.

The Department of Public Works will maintain records of all installed signs and expiration dates of your handicapped placard. You, the applicant, must provide proof of renewal from the Motor Vehicle Administration (MVA) to the Department of Public Works for inclusion in the applicant's original application file.

If you, the applicant, (after getting a renewal notification) fail to provide proof of renewal, the Department of Public Works may remove your sign.

Revised 20 March 2017

*The City of Laurel's Government to the People Program provides extended hours to the citizens and businesses of Laurel. The Departments of Budget & Personnel Services, Fire Marshal & Permit Services and Parks & Recreation will be open until 7:00 p.m. on Tuesdays.*



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**APPLICATION  
FOR RESIDENTIAL RESERVED HANDICAPPED PARKING PROGRAM**

Phone No. \_\_\_\_\_

Applicant's Name: \_\_\_\_\_  
FIRST MIDDLE LAST

Street Address: \_\_\_\_\_  
NUMBER STREET OR RFD

City and State: \_\_\_\_\_  
CITY COUNTY STATE ZIP CODE

Driver License No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
MONTH DAY YEAR

Applicant's Disability: \_\_\_\_\_

**VEHICLES PERMITTED TO PARK IN RESERVED SPACE**

VEHICLES	YEAR	MAKE OF VEHICLE	OWNER	ADDRESS
1				
2				

**Residence Information of Applicant: (Check Appropriate Blocks)**

Type of Residence:  Detached Dwelling  Semi-detached  Townhouse

Edge of Roadway - Curbs:  Yes  No Property Foot Frontage \_\_\_\_\_ ft.

Driveway:  Yes  No Garage:  Yes  No

Is off-street parking provided by public or private sources?  Yes  No

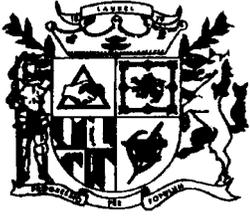
Parking Restrictions:  Snow Emergency Route  Time Limited Parking- From \_\_\_\_\_ to \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Physician's Telephone No.: \_\_\_\_\_

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I understand that by signing this application, I am authorizing any physician who has treated me, or any hospital where I have received treatment, to give to the City of Laurel's Department of Public Works all information pertinent to my mental and physical condition for the duration of my participation in the Reserved Handicapped Parking program.

I certify, under Penalty of Perjury, that the statements made herein are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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