



TOWNSHIP OF OLD BRIDGE
DEPARTMENT OF PUBLIC SAFETY
ONE OLD BRIDGE PLAZA • OLD BRIDGE • NEW JERSEY • 08857

COMPLETE FORM AND MAIL TO
TOWNSHIP CLERK

William A. Volkert
Chief of Police

APPLICATION FOR ON-STREET HANDICAPPED PARKING SPACE

Name: _____ Date of Application: _____

Address: _____ Own: ___ Rent: ___

Home/Cell Tel. No.: _____ Work Tel. No.: _____

Vehicle Plate No.: _____ Handicapped Placard No.: _____

Briefly describe below the desired location of handicapped parking space and the medical condition requiring same. Please attach any and all medical documentation.

Is off street parking available at this location? Yes _____ No _____

If yes, please explain the necessity for an on-street parking space.

Date: _____ Signature of Applicant _____

FOR OFFICIAL USE ONLY

Approved: _____ Date: _____ Rejected: _____ Date: _____

Traffic & Safety: _____ Chief of Police: _____ Clerk: _____

Remarks/Comments:

