

**City of Walton, Kentucky  
Application for On-Street  
Handicap Parking Space**

Name of Applicant \_\_\_\_\_

Address of Applicant \_\_\_\_\_

Name of Property Owner (if different than applicant) \_\_\_\_\_  
(Written authorization from landlord required if residence is rented. Please attach)

Indicate type of handicap designation:

- a) Handicap License Plate (Include Number) \_\_\_\_\_
- b) Disabled Veteran License Plate (Include Number) \_\_\_\_\_
- c) \*Handicap Parking Permit (Include Number ) \_\_\_\_\_  
    \*Parking permit issued by County Clerk, include expiration date: \_\_\_\_\_

Driver's License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Make & Model of Car Owned by Applicant \_\_\_\_\_  
(Proof of ownership shall be attached.)

Does Applicant have available off-street parking on property referred to above?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Provide brief description as to why the on-street handicap parking space is needed.  
**Use back of this form to show where the required parking space is located in relation to house and driveway** (if available).

\_\_\_\_\_  
\_\_\_\_\_

Permit Approved by \_\_\_\_\_ Date \_\_\_\_\_

Expiration Date of Permit \_\_\_\_\_ at midnight.

**Note: A decision to approve or deny a request will be made in writing to the applicant within fourteen (14 days) Calendar days after receipt of application by the Mayor.**