



CITY OF LUDLOW

51 Elm Street • P.O. Box 16188
Ludlow, KY 41016

APPLICATION FOR DISABLED PARKING SPACE

Date: _____

Phone #: _____

Applicant Name: _____

Address of Applicant: _____

Disabled Placard/License Plate #: _____

Expiration Date: _____

The applicant shall provide the following information to apply for a designated on-street disabled parking space:

1. A written statement by a physician stating medical justification for disabled parking.
2. A photocopy of your disabled parking permit and certificate of registration.
3. If the residence is rented, written authorization from the owner indicating there is no objection to the on-street disabled parking space.

Does your residence have a private drive? Yes _____ No _____

Do you own an automobile and possess a valid operator's license? Yes _____ No _____

Please complete this form and return it along with the required documents to the City Administrative Office at the above address. If your application is approved, you will be notified by mail. Upon approval, there is a one-time fee of \$50.00 for the cost of the disabled parking space sign and an annual reapplication fee of \$10.00.

Any person or entity denied an on-street disabled parking space may appeal the decision to the City Council within 30 days after receipt of written notification from the city.

I do hereby certify that the above information is true and correct and that I possess a disabled license plate or disabled parking permit issued to me by the Commonwealth of Kentucky due to a physical handicap.

Signature of Applicant

Date