

Village of Evergreen Park  
9418 S. Kedzie Ave.  
Evergreen Park, IL 60805  
Catherine Aparo, Village Clerk

**APPLICATION FOR TEMPORARY HANDICAPPED PARKING CARD**

Name of handicapped person: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_ Evergreen Park, IL 60805

Phone #: (\_\_\_\_\_) \_\_\_\_\_ Age: \_\_\_\_\_

**IF APPLICATION IS MADE ON BEHALF OF A HANDICAPPED PERSON,  
PLEASE INCLUDE THE FOLLOWING INFORMATION ABOUT YOURSELF:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City and State: \_\_\_\_\_

Phone #: (\_\_\_\_\_) \_\_\_\_\_ Zip Code: \_\_\_\_\_

**IMPAIRMENT**

(please circle one)

Neurological                      Arthritic Disorder                      Orthopedic                      Loss of Function of  
Limb

Blindness                      Respiratory                      Cardiac                      Absence of Limbs

Is this a temporary or permanent disability?    Temporary \_\_\_\_\_    Permanent \_\_\_\_\_

**IS YOUR PHYSICIANS LETTER OF CERTIFICATION ATTACHED?**

\_\_\_\_\_

(No handicapped parking card will be issued without an accompanying letter of Certification from your physician.) I hereby apply for a handicapped parking card under the statutory provision. (Chapter 95, PAR. 1-159, Illinois Revised Statues) and certify that my physical condition entitles me to the issuance thereof. I am also aware that the handicapped parking device must not be used unless I am a passenger in the vehicle.

\_\_\_\_\_  
SIGNATURE OF APPLICANT  
DISABLED PERSON

\_\_\_\_\_  
SIGNATURE OF PERSON APPLYING ON BEHALF OF

**PER STATE STATUE – PLACARD LIMITED TO 3 MONTHS**

\_\_\_\_\_  
OFFICE USE ONLY

Permit # \_\_\_\_\_ Date Issued \_\_\_\_\_ Date Expires \_\_\_\_\_

Issued By: \_\_\_\_\_