

RENEWAL APPLICATION FOR RESERVED RESIDENTIAL DISABLED PARKING SPACE

PARKING AUTHORITY OF BALTIMORE CITY

**211 N. Paca Street
Baltimore, Maryland 21201
Phone: (443) 573-2800**



**PARKING
OF BALTIMORE CITY
AUTHORITY**

All information must be typed or printed. All questions must be completely answered. Attach additional sheets of paper as necessary. False statements may result in removal of the reserved residential disabled parking space.

1. Permit Holder's Name: _____
(First) (Middle) (Last)
2. Address: _____ Zip Code: _____
3. Telephone # (Home): _____ (Cell): _____
4. Date of Birth: _____ Age: _____
5. Driver's Name: _____ License #: _____
6. Vehicle Tag #: _____ Permit#: _____ E-mail address: _____
7. Can you utilize any other form of transportation other than this vehicle? Yes [] No []
8. In the past year, has your mobility restriction improved in any way? Yes [] No []

SIGN CERTIFICATION BELOW

I certify that all information provided in this application is complete and true to the best of my knowledge and the reserved space requested is for my personal use. I declare under penalty of perjury that the foregoing is true and correct.

Signature of Applicant/Guardian _____ Date: _____