City of Livingston Application for Special Parking Spaces Reserved for Disabled Persons On a Public Street

Name	of Applicant:		
Address:		Phone:	
Type	of Special Parking Space Req	uested:	
General Public Use Re		Reserved for Personal Use of a Disab	oled Person.
Specia	fic Location of the Requested	Space:	
Reaso	on for the Request:		
****	*********	**********	*******
-	uesting a "special parking spa ving questions:	ce" reserved for personal use in a residen	tial area, please answer the
1.	disabled persons and displaying	aying a specialty inscribed license plate issue ag a wheelchair symbol, or the letters "DV" is permit issued by the State of Montana to perswehicle registration).	ssued to disabled veteran's, or do
2.	Is the requested parking space	adjacent to your permanent residence?	YesNo
3.	3. Does reasonably accessible and practicable off street parking exist?		Yes No
4.	License plate number of vehic	le(s) designated to use the space:	
5.	Are the designated vehicles op	perated by you?	YesNo
		Administrative Use Only	
Date a	pplication received:	Reviewed by:	
	request meet criteria? YesN		
City C	Commission Action: Ap	provedDenied Date:	
****	*********	************	***********
	lation of Sign: n installed by:	Dat	re:
_	·	Check no	
	val of Sign		
		I	Date
Rea	ason for Removal:		