

**VILLAGE OF RIVER GROVE**  
**RESIDENTIAL HANDICAPPED PARKING SIGN APPLICATION**  
**(ORDINANCE 2017-14)**



**Policy Statement**

The following policy concerns the installation of handicapped parking signs on the public street.

**Requirements**

1. There must be a written request to the Village Clerk by the Applicant that includes:
  - a) Documentation of a DMV handicapped license plate or certificate.
  - b) Doctor's certification that the Requestor's handicap affects Applicant's ability to walk or walk any significant distance.
  - c) Doctor's certification as to the expected length of handicap, if not permanent.
2. In order to be eligible, the Applicant cannot have a convenient access driveway to their property or garage. Determination of convenient access will be made by the Director of Police Services.
3. Once approved, the Applicant must make a written request to the Village Clerk every 2 years by April 1<sup>st</sup> requesting the signage remain. Updated documentation must be submitted with renewal request if said documentation/certification is expired.
4. If a renewal application is not renewed, not requested, not returned or determined that the applicant is no longer eligible for a reserved handicapped parking space, the Village Clerk will recommend that the signs be removed. It shall be the affirmative duty of the person with a permanent disability, or resident household member to notify the Village Clerk immediately if the disabled individual no longer meets the requirements, no longer resides at the residence, or no longer needs reserved parking.

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**THIS SECTION MUST BE COMPLETED BY THE APPLICANT:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Last First MI Email: \_\_\_\_\_  
Address: \_\_\_\_\_ Owned or Rental

Request Type: **NEW** **RENEWAL** Do you have a driveway on your property? Yes No

Do you have a garage? Yes No Length of Disability: Permanent or Temporary (3-9 months)

DMV handicapped license plate registration or certification enclosed? Yes No Driver's Lic# \_\_\_\_\_

Handicapped placard number \_\_\_\_\_ or handicapped license plate number: \_\_\_\_\_ Expiration: \_\_\_\_\_

Doctor's certification enclosed? Yes No

I certify that the information I have furnished is true and accurate:

\_\_\_\_\_  
Signature of Applicant Date of Request

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**OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE**

Date Application was received: \_\_\_\_\_ Reviewed by \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_ Public Notified: Yes No Notification date: \_\_\_\_\_

Two (2) year expiration date: \_\_\_\_\_

If not approved, reason: \_\_\_\_\_