



VILLAGE OF RIVER GROVE
2621 Thatcher Ave
River Grove, IL 60171

Disabled Parking Sign Request

Full Name: _____

Street Address: _____ River Grove, IL 60171

Contact Number: _____

Email: _____

Do You: Own ___ or Rent ___

Does the home have a driveway Yes ___ No ___

Does the home have a garage? Yes ___ No ___

Disability placard number or disability license plate number: _____

Before applying for local parking privileges, the applicant must obtain disability license plates or a disability parking placard from the Illinois Secretary of State Office.

The Secretary of State documentation must confirm that the applicant's vehicle is registered at the applicant's residence, or that the parking placard has been registered for use by the disabled person or household member residing at the residential address of the applicant.

Signature: _____ Date: _____

Office Use Only

Date Received: _____

Date Investigated: _____

Approved By: _____

Date of Installation: _____

Remarks: _____