

2010 - 2011 Handicap Parking Notification

Last Name of Handicap Plate/Tag Holder:

First Name & MI

Address of Plate/Tag Holder:

---

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Date of Birth: \_\_\_\_\_

(MM) (DD) (YYYY)

HANDICAP PLATE/TAG INFORMATION:  TAG  PLATE

State Of Issuance

-

Date of Expiration: \_\_\_\_\_  
(MM) (DD) (YYYY)

Permanent  Temporary