



CITY OF QUINCY, MASSACHUSETTS
Application for On-Street Handicap Parking Space
(617) 376-1948

Date: _____

Residential: _____

Other: _____

Name of Handicap Person: _____

Address: _____

Name of Person Filing Application: _____
(if other than above)

Address: _____

Tel #: _____

Location of Proposed Handicap Parking Space:

Describe availability of off-street parking and your need for an on-street reserved handicapped space:

Describe Degree of Disability: _____

Year / Make / Model of Vehicle: _____

Registration #: _____

Hydraulic Lift: YES NO
(circle one)

MA Handicap Registration #: _____
(attach photocopy of MA registration)

MA Handicap Placard: YES NO (if yes, please attach copy)

Return Your Completed Application to:

City of Quincy – Traffic & Parking
Attn: Francis Doherty
55 Sea Street, Quincy, MA 02169