



Village of
BELLWOOD
Your Family Is Our Future

FROM THE OFFICE OF **MAYOR** Frank A. Pasquale

MAYOR

Frank A. Pasquale

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Ronald Nightengale

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HANDICAPPED PARKING APPLICATION

****PLEASE FOLLOW THE ATTACHED INSTRUCTIONS FOR
HANDICAPPED PARKING SPACE. IF YOU HAVE ANY
QUESTIONS, PLEASE FEEL FREE TO CONTACT MS. SHARON
WILDER AT:***

(708) 547-3505

Instructions for Obtaining Handicapped Parking Space

1. Fill out application in its entirety and return it to the Director of Public Safety. Bellwood Police Department, 3200 Washington Boulevard, Bellwood, IL 60104;
2. Submit a copy of your automobile registration in order to verify that you have a permanent handicapped placard or plates. Your application will not be processed unless you have permanent handicapped placard or plates;
3. Applications are reviewed by the Director of Public Safety. Director of Public Works and the Commissioner of the Building Department;
4. Set-up and arrange for an in person interview which will also be conducted by police personnel;
5. Police will also review requirements and criteria under Bellwood's ordinance to verify eligibility;
6. Make sure that all of your debts due and owing are paid which must be paid before the handicapped application process is started;
7. Pay the application fee;
8. If approved, you will be notified of the approval at which time the annual fee must be paid;
9. Upon receipt of the annual fee , a number will be assigned and you will be provided with a sticker to place in the designated car;
10. Public Works is then advised to put up the signs corresponding to the number given;
11. Each year thereafter you will be required to renew the permit which will require payment of the annual fee along with a doctor's signature verifying the need for the reserved handicapped parking space - any applicant not returning renewals will have the signs removed;
12. The Application must be fully completed. Failure to do so will result in the denial of the application.

The process takes approximately 6 (six) to 8 (eight) weeks complete.

Affidavit For Handicapped Parking Sign or Drop Off Zone

You must have a permanent Handicap State Plate or Handicap Placard
to park any vehicle in a designated Handicap Parking space

(Name of Handicapped Applicant)

(Bellwood Address)

(Name of caregiver, or guardian if minor)

(Telephone/Cell Phone Number)

Is there a garage on the property? Yes/No

Are you the homeowner? Yes ___ No ___

Driveway _____ Carport _____

All Applicants must submit the Physicians Form

*Renters must submit the Owner Consent Form.

Vehicle Information

(Vehicle make and model)

(Color / Year)

(Illinois License Plate Number)

(Current City Vehicle Sticker Number)

(Illinois Handicapped Plate)

(Illinois Permanent Handicap Placard Number)

I hereby affirm that the information provided is true and correct, and it shall be prohibited and unlawful for any person to file a sworn affidavit, which said person knows to be false or believes to be false.

Applicant's Signature _____

Please return completed Application to Village of Bellwood, 3200 Washington Blvd. Second Floor
Room 200

Physician Form

This form must be completed in full and signed by your attending physician

Attending Physician's Name: _____

Address of Physician: _____

Telephone Number: _____ Date: _____

Attending Physician must state, by printing herein, the nature of patient's handicap.

Does the patient utilize a walker?	Yes	No
Does the patient utilize a wheel chair?	Yes	No
Does the patient utilize a cane?	Yes	No
Does the patient utilize oxygen?	Yes	No

Attending Physician's Signature Stamp:

(SEAL)

Affirmation of Attending Physician

I hereby certify that the physical conditions of the above named "Handicapped Person" constitutes him/her as a handicapped person as defined under the statutory provision Par. 1-159 (Physically Handicapped Person- Every natural person who has permanently lost the use of a leg or both legs or an arm or both arms or any combination thereof or any person who is so severely disabled as to be unable to move without the aid of crutches or a wheelchair.)

Attending Physician

Owner/Manager Consent for Handicap Sign

Name Owner/Manager:	_____
Address Owner/Manager:	_____

Telephone:	_____

STATE OF ILLINOIS)
)
COUNTY OF COOK) SS

AFFIDAVIT AND SWORN STATEMENT OF OWNER/MANAGER OF PROPERTY

I, _____, being first duly sworn on this the _____ day of _____, 20____, on oath depose and state as follows:

1. That I am the Owner/Manager of the property located at _____, Bellwood, Illinois, 60104.
2. That _____, is a tenant at the property referenced herein.
3. That the tenant referenced herein does not have access to any parking on the premises.
4. That if the Tenant is granted a permit for a handicapped parking zone by the Village of Bellwood, I have no objection to the placement of the signs in front of the address referenced herein.
5. That I agree to notify the Village of Bellwood if the Tenant no longer resides on the premises.

FURTHER AFFIANT SAYETH NOT.

Owner/Manager