

Village of Summit

PLEASE NOTE: A COPY OF HANGING
HANDICAP PLACARD OR HANDICAP
REGISTRATION MUST BE INCLUDED
ALONG WITH THIS APPLICATION

COUNTY OF COOK • STATE OF ILLINOIS
MUNICIPAL SERVICE CENTER
BUILDING DEPARTMENT
7321 WEST 59TH STREET
SUMMIT, ILLINOIS 60501
PHONE: 708-563-4809 • 708-563-4819
FAX: 708-563-9340

HANDICAPPED PARKING SIGN APPLICATION

Ch. 95 ½ . Par. 1-159.1. Illinois Revised Statutes. Physically handicapped person definition – “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.”

I hereby apply for Handicapped Parking signs at _____

Applicants Name

Make, Model and Year of Vehicle

Applicants Phone Number

License Plate Number

Statement of qualifying circumstances for handicapped applicant:

Signature of Applicant

Date Submitted

I hereby certify that the physical condition of the above named “Handicapped Person” constitutes him/her a handicapped person as defined under statutory provision Ch. 95 ½. Par. 1-159.1.

***APPLICATION MUST HAVE DOCTOR'S SIGNATURE & STAMP**

Special Instructions

Physicians Signature

Physicians Printed Name

Building Department

Address