



Hamilton
Bermuda at its *best*

APPLICATION FOR A DISABLED PARKING PERMIT

PLEASE CLEARLY PRINT ALL INFORMATION

Name of Disabled Applicant: _____

Home Address: _____

Telephone: Home _____ Work _____ Cell _____

Date of Birth (DD/MM/YYYY): _____ Email: _____

Is the required Medical Form attached? Yes No

If "No", has one been submitted in the last 5 years? Yes No

If you are applying on behalf of the disabled person please describe the nature of your relationship:

Family member:	<input type="checkbox"/>	Relationship: _____
Close friend:	<input type="checkbox"/>	
Caregiver:	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	Describe: _____

I have read and understood the guidelines with regard to the Disabled Parking Permit.

Signature of Disabled Person: _____

Or

Signature of Applicant on behalf of Disabled Person: _____

Date: _____ Permit No. _____