

CITY OF MANITOU SPRINGS SPECIAL CIRCUMSTANCES PARKING PERMIT APPLICATION

To be used to request a permit for any parking lot in which permits are not currently available. Payment for an approved permit is required. *Incomplete applications will not be processed.*

TO BE COMPLETED BY APPLICANT:

Application Date: ____/____/____

NAME: _____

E-MAIL ADDRESS: _____

LOCAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

For requests based on medical need, please submit a letter or have your doctor complete the below information:

Is the disability **Permanent** or **Temporary**? (circle one)

If temporary, what is the anticipated date of recovery? _____

What is a reasonable distance (in yards) the patient is able to walk from their vehicle to their home or business? _____

Additional comments:

Physician Signature: _____

Date: ____/____/____

Name(please print): _____

Physician License #: _____

State: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Fax: _____

If the request is based on non-medical issues, please explain below:

