



Borough of Carlstadt

500 Madison Street
Carlstadt, New Jersey 07072-0466
Fax # 201-939-6945

Residential Handicapped Space Request Form

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

DISABILITY PLACARD OR PLATE #: _____

COPY OF DISABLED ID MUST BE PROVIDED

LOCATION OF REQUESTED SPOT: _____

FRONT OF HOUSE, SIDE STREET, ETC.

SIGNATURE: _____

DATE: _____

DO NOT WRITE BELOW THIS LINE

RECEIVED BY: _____

DATE: _____

POLICE DEPARTMENT REVIEW

REVIEWED BY: _____

DATE: _____

APPROVED: YES / NO

GOVERNING BODY APPROVAL

RESOLUTION NUMBER: _____

DATE: _____

SIGN INTALLATION DATE: _____