



## City of Ludlow

P.O. Box 16188 · 51 Elm Street · Ludlow, KY 41016  
Phone (859) 491-1233 · Fax (859) 491-2966  
www.ludlow.org

### APPLICATION FOR HANDICAP PARKING PERMIT

Date: \_\_\_\_\_

Phone #: \_\_\_\_\_

Name of Handicapped Applicant: \_\_\_\_\_

Address of Handicapped Applicant: \_\_\_\_\_

Handicap Tag Permit #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

In order to document this claim we also need:

1. A written statement by a physician stating medical justification for handicap parking.
2. A photocopy of your handicap parking permit and certificate of registration.

Does your residence have a private drive?

Yes \_\_\_\_\_

No \_\_\_\_\_

Do you own an automobile and possess a valid operator's license?

Yes \_\_\_\_\_

No \_\_\_\_\_

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In order to retain a handicap space, it is necessary for you to complete this form and return it to the City Administrative Officer at the above address. If your application is approved, you will be notified by mail. Upon approval, there is a one-time fee of \$50.00 for the cost of the handicap parking sign and an annual reapplication fee of \$10.00.

I do hereby certify that the above information is true and correct and that I possess a handicapped license plate or parking permit issued to me by the Commonwealth of Kentucky due to a physical handicap.

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Signature of Applicant

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Date