



Program Overview

The Residential Handicapped Parking Sign Program is a program developed to provide qualified City residents with disabilities convenient and accessible parking in front of their residences. This sign is intended to assist a resident with disability, but does not reserve the parking space for that particular resident, it is a space that may be used by anyone that meets the requirements and has a handicapped placard or license plate on their vehicle. Vehicles in violation may be ticketed. The City will review each location periodically and eliminate signs that are not consistent with the policy or are no longer needed.

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You qualify for this program if:

- You reside on a street that does not serve a commercial use and your property is zoned residential.
- You have either a current disabled Iowa license plate or a disabled placard issued by the Secretary of State.
- You do not have available space for off-street parking.

How to Apply

Qualified applicants must complete an application form. Application forms are available from the Engineering Department or online (www.fortdodgeiowa.org) and shall include the following:

- Completed Application
- Copy of the handicapped placard or registration card from the Division of Motor Vehicles
- Certification of the extent of the disability from a licensed physician
- \$100 Installation Fee

Other information you need to know

If you need help making a copy of your placard or obtaining any other required information, please let us know.

If you have any other questions regarding this program, call or email:

Scott Meinders E.I.
Program Administrator
City of Fort Dodge
Engineering Department
515-576-3601
smeinders@fortdodgeiowa.org



I hereby request a Residential Handicapped Parking Sign for our City Street because of the presence of the person in my home that has a disability named below:

This portion to be filled out by the applicant:

Property Owner Information

Name: _____
Address: _____
Phone: _____

Person with Disability Information

Name: _____
D.O.B.: _____
Temporary Permanent (circle one)

Acceptance Statement

By signing this request, I agree to immediately notify in writing the City if the family moves, the person no longer lives at this address, or any conditions related to the person's disability materially change. I have attached a certification of the extent of the disability from a licensed physician, and a copy of the handicapped placard or registration card from the Division of Motor Vehicles. I understand the sign will be removed if at any time the resident no longer meets the city's requirements.

Signature: _____

Date: _____

This portion to be filled out by the City:

Recommendation: _____

City of Fort Dodge

Name: _____

Title: _____

Signature: _____

Date: _____

Date Sign Installed: _____

Date Sign Removed: _____