



DISABLED PARKING REQUEST FORM

ENGINEERING SERVICES DEPARTMENT
200 Civic Center Way, El Cajon, CA 92020
Phone: (619) 441-1653, E-mail: engineeringervices@elcajon.gov

The purpose of this form is to accommodate the needs of the community by designating on-street accessible parking spaces in residential areas when no reasonable off-street parking option is available.

INSTRUCTIONS TO THE APPLICANT: Fill out completely, sign, date, and return this form with the required documents to the Engineering Services Department to begin processing via e-mail at engineeringervices@elcajon.gov or via regular mail. The City reserves the right to deny the request if appropriate signatures are not secured from all parties.

Applicant Information

Contact Name:	Date:
Property Address:	
Phone Number/E-mail Address:	
Signature:	

1. Address of property where the disabled parking request is requested (if different than above):

If there is a suggested location, please describe the location of the disabled parking (attach a sketch if necessary):

2. Attach a copy of handicap placard or doctor's note.
3. Consent of at least two (2) adjacent property owners.

Adjacent Property Owner(s) Consent

Name:
Property Address:
Phone Number/E-mail Address:
<i>I consent to allow the requested disabled parking adjacent to my property.</i>
Signature:

Name:
Property Address:
Phone Number/E-mail Address:
<i>I consent to allow the requested disabled parking adjacent to my property.</i>
Signature: