



**RESERVED PARKING SPACE APPLICATION  
(FOR EVANSTON RESIDENTS WITH DISABILITIES)**

**INSTRUCTIONS: Both sides of this document must be completed; side 'A' by the applicant and side 'B' by a physician.**

The City of Evanston recognizes that there are different levels of mobility limitations. A program to assist residents with the most severe limitations has been created to provide a reserved on-street parking space for the exclusive use of the resident with disabilities. The program is designed for users of wheelchairs; however, other residents who may use walkers, have artificial limbs, or have disabilities that place limits on walking may apply and will be approved if all the guidelines of the program are met. The program differs from those sponsored by the State of Illinois; the permit issued by the City of Evanston is the only permit that allows just the registered vehicle to park in the reserved space. Disabled placards or plates issued by the Secretary of State are not honored in this space without a permit.

By completing this application, I hereby request that I be considered for a reserved on-street parking space near my home under City of Evanston Ordinance 99-O-84, Section 10-4-11; and I certify that my physical condition entitles me to the issuance thereof. I also affirm that I reside at the address listed below for at least six (6) months every year and I do not have access to a driveway, garage, or adequate off-street parking. Additionally, I understand that I need to have an active wheel tax if my vehicle is registered in Evanston. If I move to another residence after I'm approved, I understand that I will need to apply again to see if I meet the guidelines once more. **Furthermore, I agree to abide by all other regulations that may apply (i.e., street sweeping and snow removal) and understand that I am subject to all fines for said violations.** If my application is approved, I agree to pay a one-time sign installation fee of \$60.00, and an annual renewal fee of \$30.00 at renewal time, if I wish to keep my reserved spot. *(Fees are subject to change)*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**PLEASE PRINT OR TYPE:**

Applicant Name	Home Address	Zip Code
Required: Please enter your phone number and email P: (    )       - E:	Is your Evanston Wheel Tax current? (Circle One)  YES    OR    NO	Vehicle Plate #, Make, Model and Color

**WARNING:** Any misrepresentations, false statements or misuse of the parking permit may result in the revocation of the parking permit and the removal of the assigned parking space.

**Please mail (do not email) the completed application to:**  
**City of Evanston, ATT: Parking Dept., 2020 Asbury Ave, Evanston, IL 60201**

**Side B**

(To be completed by Physician's Office)

**INSTRUCTIONS: This side is to be completed by a physician and/or physician's office.**

**Name of Applicant:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_

**Duration of Disability: (check one)**

Permanent

Temporary – State duration in months \_\_\_\_\_

I hereby certify that the applicant uses a wheelchair or has severe mobility limitations that restrict the ability to walk from their residence to available on-street parking. I understand that the City of Evanston has a more restrictive program than sponsored by the State of Illinois and that the program is designed for residents who demonstrate a significant need for assistance in reaching on-street parking and who meet all the guidelines of the program.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Physician's License Number

**PLEASE PRINT OR TYPE:**

\_\_\_\_\_  
Physician's Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
City and State

\_\_\_\_\_  
Zip Code

***WARNING: Any misrepresentations, false statements or misuse of the parking permit may result in the revocation of the parking permit and the removal of the assigned parking space.***

..... FOR PARKING OFFICE USE ONLY.....

W Permit # \_\_\_\_\_

Issued By: \_\_\_\_\_

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