



PARKING SERVICES



ADA PERMIT REGISTRATION

NAME _____ Contact Phone No. _____

Vehicle License Plate No. _____ State _____ Make _____ Model _____

PHYSICAL ADDRESS _____

MAILING ADDRESS _____

EMAIL ADDRESS _____

ADA PERMIT NO. _____ EXPIRATION DATE _____

REQUIREMENTS:

- 1. Copy of Valid State ADA placard
- 2. Copy of DMV ADA certificate
- 3. To renew, please bring your old permit**

Park City Municipal Corporation Code Title 9, states, "A vehicle with distinguishing license plates or an official state-approved identifying placard indicating that the occupant of said vehicle is mobility disabled under the qualifications of the "Americans with Disabilities Act" may be parked along public streets or within a public parking facility regardless of any time limitation or meter fee requirement imposed by official signs upon parking in such area, except that such privilege shall not apply to zones in which:

- 1. Stopping, standing or parking in all vehicles is prohibited at all times;
- 2. Only delivery vehicles may be parked; or
- 3. All parking is prohibited during specific periods of the day in order to accommodate heavy traffic.

I understand: a) parking permits are issued under, and subject to the provisions of Title 9 of the Park City Municipal Corporation Code and Park City Municipal Corporation Fee Schedule; b) failure to adhere to the provisions of Title 9 may result in suspension or revocation of parking permits. I certify all information submitted with this application is correct.

SIGNATURE _____ DATE _____

AVI PERMIT NO. _____ ISSUED BY _____ DATE _____