



# The City of Ironton Handicap Parking Sign Application

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Applicant's Name: \_\_\_\_\_

Applicant's Phone Number: \_\_\_\_\_

Address of Sign Location: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Handicap Permit Number: \_\_\_\_\_

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

\_\_\_\_\_  
Date

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THIS SECTION IS RESERVED FOR IRONTON POLICE DEPARTMENT OFFICIAL USE ONLY

The above named residence has been reviewed by the Ironton Police Department to assure that all requirements for reserved handicapped parking have been met.

This application is hereby: \_\_\_\_\_ APPROVED \_\_\_\_\_ DENIED

\_\_\_\_\_  
Name of Approving Officer

\_\_\_\_\_  
Date

