



Application For Special Parking

Date: _____

1. Name: _____
2. Address: _____
3. Telephone: _____
4. Name Of Physician (Please Print) _____
 - A. Medical License Number _____
 - B. Address _____ Phone _____
 - C. Physician—Please complete the following:
_____ The individual named above cannot walk without the aid of a walker, cane, crutches, brace or wheelchair.
_____ The individual named above is restricted by a pulmonary condition, or less on mild exercise, or who use prescribed portable oxygen during the day.
_____ The individual named above has a cardiac condition.

How long will this parking be needed?

_____ Short Term (Less than 6 months)

_____ Permanent

Signature of Physician _____ Date _____

(Must be completed by a person fully licensed to practice medicine in the State of Montana)

Side two is to be completed by individual requesting the special parking place.

Please send to Butte Silver Bow Parking Commission

155 W. Granite Street Room 113

Butte, MT 59701 406-497-6273



To Be Filled Out By Individual Requesting Parking

Address for placement of special parking sign: _____

Is this your _____ residence; _____ place of employment; or _____ other

Please specify if other; _____

Do you have a disability placard? _____ License plate? _____ Placard # _____ Plate # _____

(Please attach a copy of your placard)

Is the parking space for a vehicle you own? _____ Yes _____ No

(If yes, include a copy of your car registration)

Do you have a driveway? (Where is it located? Front Side Back) Yes _____ No _____

Do you have a garage? (Where is it located? Front Side Back) Yes _____ No _____

Why are you unable to use your driveway/garage? _____

Is there a parking lot adjacent to your building and available for you to use? Why are you unable to use the parking? Yes _____ No _____

Is the parking place needed to assist a child who is disabled? Yes _____ No _____

Comments _____

I understand under penalty of law that if my placard/plate is used by others not transporting me, that the disability parking placard /plate may be revoked and signs removed.

Signature of Applicant _____ Date _____

Designated disability parking signs along public streets may be used by anyone having a valid disability placard or plate. Such spaces cannot be reserved for a specific individual, vehicle, or residence.

Please include copy of driver's license, registration and placard/plate.