

**City of Woburn
Massachusetts**

TRAFFIC COMMISSION

**HANDICAPPED PARKING APPLICATIONS MUST BE RETURNED
WITH A DOCTOR'S CERTIFICATE STATING
EXTENT OF DISABILITY.**

APPLICANTS MUST NOT HAVE OFF STREET PARKING AVAILABLE

PLEASE RETURN TO:

**WOBURN COMMISSION FOR HANDICAPPED &
DISABLED CITIZENS**

C/O WOBURN CITY HALL

10 COMMON STREET

WOBURN, MA 01801

**REQUESTS WILL BE REVIEWED BY THE HANDICAPPED COMMISSION
AND VOTED ON BY THE TRAFFIC COMMISSION AT THEIR MONTHLY
MEETING.**

City of Woburn Traffic Commission
Woburn, MA 01801

APPLICATION FOR HANDICAPPED PARKING

Name _____
Last First Initial
Male Female Age

Address _____ Telephone # _____

Own? Rent? Name & Address of Property Owner if you rent:

Nature of Disability _____

Permanent? _____ Temporary? _____

*Handicap Plate No. _____ Placard? _____

Do You Have Accessibility to Driveway or Other Off Street Parking _____

Physician's name _____

Address _____

***If handicap plate, please provide photocopy of registration; if handicap placard, please provide photocopy of both front and back.**

Vehicle must be removed from street in case of emergency such as declared snow emergency.

You must notify the Woburn Traffic Commission if and when you change your address. (If approved, handicapped space is subject to periodic review by Woburn Traffic Commission)

You must provide Woburn Traffic Commission with doctor's certificate stating extent of the disability.

If approved, handicapped space is not exclusive to individual who applied for it and is subject to being used by the public as well.

If granted, the handicap parking sign is subject to renewal two years from date of installation.