



JOE GANIM
Mayor

City of Bridgeport/Department of Social Services
Office for Persons with Disabilities
752 East Main Street, Bridgeport, Connecticut 06608
Telephone (203) 576-7452

IRIS MOLINA, MHS
Director
Department of Social Services

Dennis C. Scinto Jr.
Special Projects Manager
Office for Persons with Disabilities

Handicap Parking Sign Removal Request

Date: _____

Applicant Name: _____

Applicant's Address: _____

Applicant Phone Number: _____

Current Handicap Sign Location: _____

All of the following questions must be answered for this removal request to proceed:

1. Do you reside at or near the current Handicap Parking Sign to be removed by this request, if so please provide your address:

2. Are you the original requester of the Handicap Parking Sign to be removed:

3. If yes, please state the reasons why you are requesting to have the Handicap Parking Sign removed:

4. If you are not the original requester of the Handicap Parking Sign to be removed, please explain why you are requesting to have the sign removed:

I, the applicant attest to all of the above information to be true and accurate:



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Applicant's Signature: _____

Office for Persons with Disabilities: _____