



Joseph P. Ganim
Mayor

CITY OF BRIDGEPORT
DEPARTMENT OF SOCIAL SERVICE

752 East Main Street, Bridgeport, Connecticut 06608
Telephone (203) 576-7147 Fax (203) 332-5635

Loretta B. A. Williams
Office for Persons *with Disabilities*
Loretta.williams@bridgeportct.gov

HANDICAP PARKING SIGN-INSTALLATION REQUEST

Follow the procedures below to request the installation of a Handicap Parking Sign

1. Submit a handicap sign installation request form (attached) to:
Loretta B. A. Williams
Office for Persons with Disabilities
752 East Main Street
Bridgeport, CT. 06608
2. Please submit a current driver's license and a handicap placard for the vehicle being used.
3. Your application will be forward to the Bridgeport Police Department who in turn will notify the city's Traffic Engineer Department. They will conduct an on-site visit to determine if it is appropriate and location.
4. The Traffic Engineer Department will make a recommendation to the Bridgeport Police Commissioner.
5. Once the Police Commissioners make a decision you will be sent a letter informing you, whether your request has been approved or denied

Please note: City Ordinance 10.30.10, anyone with a valid handicap parking permit can utilize the space that you have requested. The space cannot be reserved for any specific individual.

(The process can take 3-5 months)

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HANDICAP PARKING SIGN INSTALLATION REQUEST

Applicant's Name: _____

Address: _____

Telephone: _____

Desired location of the Handicap Sign:

Valid Permit Number#

Expiration Date

1. Do you reside in a single ____ or multi-family home ____?
2. Is there a parking lot ____ off-street parking spaces ____ on the premises?
3. If so are you allowed to use the park space ____ / ____ ?
Yes No
4. Is there a driveway on the property ____ / ____ ?
Yes No
5. If you have a driveway on the property, do you have any restrictions preventing you from parking in the driveway: ____ / ____ ?
Yes No

If yes explain: _____

6. Do you experience any difficulty with on- street parking? ____ / ____
If yes explain: Yes No

I, the applicant attest that all of the above information is true and accurate:

Applicant's Signature: _____

Date:

Staff Signature: _____

Date