

CITY OF BRIDGEPORT
DEPARTMENT OF SOCIAL SERVICE

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



Joseph P. Ganim
Mayor

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

HANDICAP PARKING SIGN- REMOVAL REQUEST

Follow the procedures listed below to request the removal of a handicap sign.

1. Submit a handicap sign removal form (attached) to:

Loretta B. A. Williams
Office for Persons with Disabilities
752 East Main Street
Bridgeport, CT. 06608

2. Your signed application along with a copy of your driver's license will be forwarded to the City of Bridgeport Police Department. The request will then be forwarded to the City's Traffic Engineer Department.
3. The Department of Engineer will review the request perform an onsite visit and make a recommendation to the Board of Police Commission
4. The Board of Police Commission will then vote on the decision to approve or disapprove the request.
5. Once a decision is made you will then be notified by mail
6. The process can take between (3) to (6) months

CITY OF BRIDGEPORT

HANDICAP PARKING SIGN REMOVAL REQUEST

DATE: _____

NAME: _____

ADDRESS: _____

TELEPHONE: _____

HANDICAP SIGN CURRENT LOCATION:

1. Do you reside at or near the current handicap parking sign to be removed by this request, _____ if so please provide your address if different from above.

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

3. If yes, state the reason you are requesting to have the Handicap Parking Sign Removed:

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

I attest that all the information above to be true and accurate:

Applicant Signature

Date

Staff Signature

Date